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MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

LONG TERM CARE FACILITY SURVEY REGULATIONS

GOVERNMENT DOCUMENTS
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DESIGNED AND DEVELOPED BY ELAINE JOYCE, R.N. 5/83

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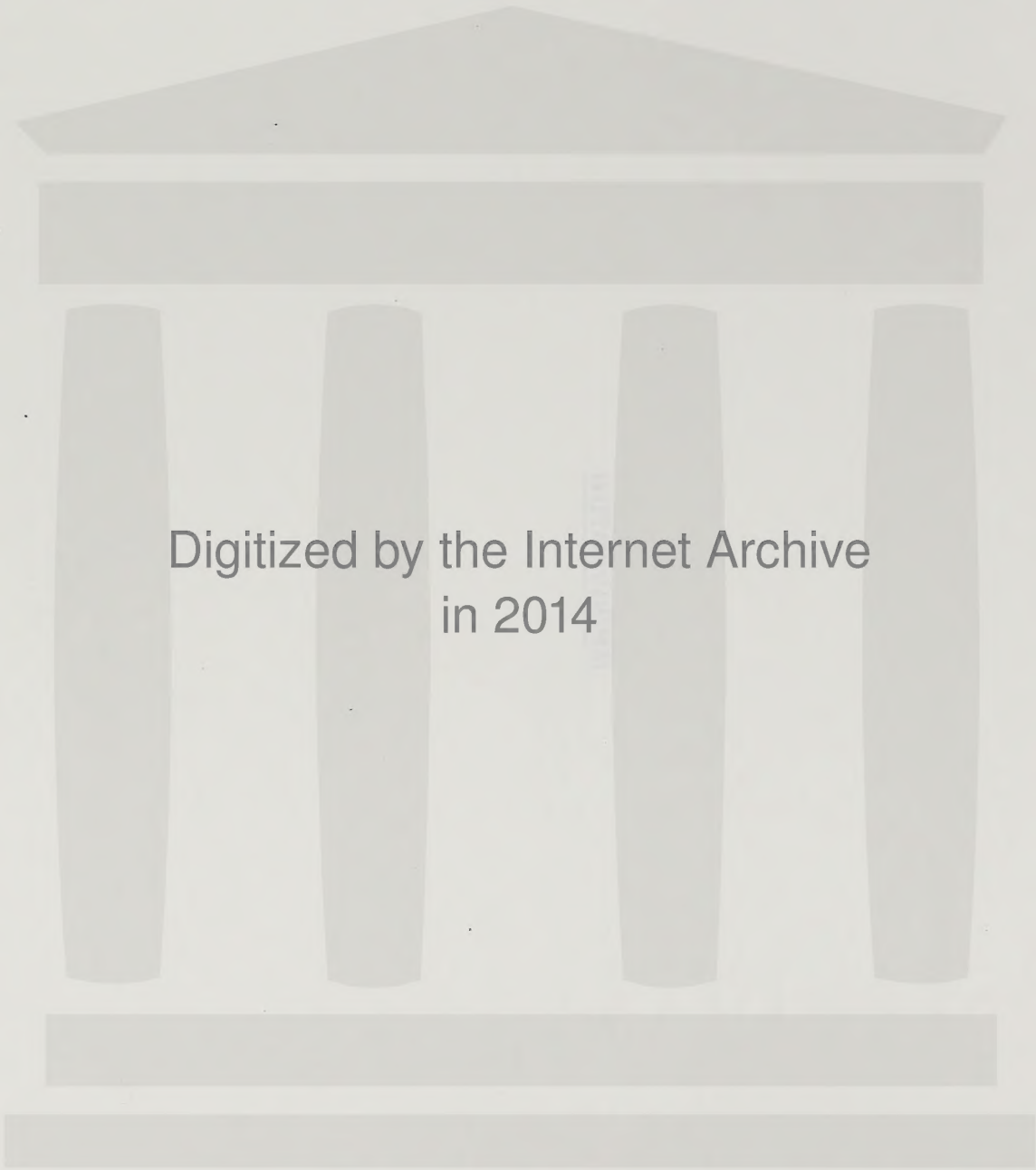
ADMINISTRATION



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1	II	III	IV	COMPLIANCE WITH LAWS	1

F7 405.1120 COMPLIANCE WITH FEDERAL, STATE AND LOCAL LAWS. The skilled nursing facility is in compliance with applicable Federal, State and local laws and regulations.

T7 442.252 STATE SAFETY AND SANITATION STANDARDS. The ICF meets State safety and sanitation standards for nursing homes.

150.002(A)(2) The licensee shall be responsible for compliance with all applicable laws and regulations of legally authorized agencies.

2	II	III	FACILITY CURRENTLY LICENSED	2

F8 405.1120(a) STANDARD: LICENSURE. The facility in any State in which State or applicable local law provides for licensing of facilities of this nature.

(1) Is licensed pursuant to such law.

T1 442.251 STATE LICENSING STANDARDS. The ICF meets the requirements for State licensure to provide, on
T2 a regular basis, health-related care and services that

T3 (a) Are above the level of room and board, and can only be provided by an institution.

T4 (b) If a facility formerly met State licensure standards, but does not currently meet them, but has taken steps to meet the requirements, it may continue to receive Medicaid payments as a qualified provider during a period of time specified by the State.

T5 (c) If the ICF is government operated, it meets State licensure requirements.

T6 (d) If an Indian Health Service ICF, it meets State licensure requirements, but need not obtain a State license. In making this determination, the licensing authority may not take into account an absence of licensure of any staff member of the facility.

3	II	III	IV	STAFF CURRENTLY LICENSED OR REGISTERED	3

F13 405.1120(b) STANDARD: LICENSURE OR REGISTRATION OF PERSONNEL. Staff of the facility are licensed or registered in accordance with applicable laws.

150.002(D)(4) Personnel shall be currently licensed or registered where applicable laws require licensure and registration.

4	II	III		COMPLIANCE WITH OTHER LAWS	4

F14 405.1120(c) STANDARD: CONFORMITY WITH OTHER FEDERAL, STATE, AND LOCAL LAWS. The facility is in conformity with all Federal, State, and local laws relating to fire and safety, sanitation, communicable and reportable disease, postmortem procedures, and other relevant health and safety requirements.

T97 442.315 HEALTH AND SAFETY LAWS. The ICF meets all Federal, State and local laws, regulations, and
T98 codes pertaining to health and safety, such as provisions pertaining to:

T99 (a) Buying, dispensing, safeguarding, administering, and disposing of medications and controlled substances.

T100 (b) Construction, maintenance, and equipment for the ICF.

T101 (c) Sanitation.

T102 (d) Communicable and reportable disease.

T103 (e) Postmortem procedures.

5	II			GOVERNING BODY AND MANAGEMENT	5

F15 405.1121 GOVERNING BODY AND MANAGEMENT. The skilled nursing facility has an effective governing body, or designated persons so functioning, with full legal authority and responsibility for the operation of the facility. The governing body adopts and enforces rules and regulations relative to health care and safety of patients, to the protection of their personal and property rights, and to the general operation of the facility. The governing body develops a written institutional plan that reflects the operating budget and capital expenditures plan.

6	II	III	IV		DISCLOSURE OF OWNERSHIP	6

F16 405.1121(a) STANDARD: DISCLOSURE OF OWNERSHIP. The facility supplies full and complete information to the survey agency as to the identify (1) of each person who has any direct or indirect ownership interest of 10 per centum or more in such skilled nursing facility or who is the owner (in whole or in part) of any mortgage, deed or trust, note, or other obligation secured (in whole or in part) by such skilled nursing facility or any of the property or assets of such skilled nursing facility, in case a skilled nursing facility is organized as a corporation, of each officer and director of the corporation, and in case a skilled nursing facility is organized as a partnership of each partner; and promptly reports any changes which would affect the current accuracy of the information so required to be supplied.

150.002(A)(1) The ownership of the facility and of any applicant or licensee shall be fully disclosed to the Department, including the name and addresses of all owners, or, in the case of corporations, the officers. Holders of all mortgages shall also be reported. Persons holding ten percent or more of the stock in a facility shall be reported annually to the Department.

7	II				STAFFING PATTERNS (NO LONGER DONE)	7

F18 405.1121(b) STANDARD: STAFFING PATTERNS. The facility furnishes to the State survey agency information from payroll records setting forth the average numbers and types of personnel (in full-time equivalents) on each tour of duty during at least 1 week of each quarter. Such week will be selected by the survey agency.

8	II	III	IV	T16 442.303(b)(2)	BY-LAWS AND POLICIES	8

F19 405.1121(c) STANDARD: BY-LAWS.

150.002(A) Every licensee shall designate a qualified administrator and shall establish by-laws or policies which describe the organization of the facility, establish authority and responsibility, and identify programs and goals.

9	II		GOVERNING BODY ADOPTS EFFECTIVE POLICIES	9
F20		405.1121(c)(1)	The governing body adopts effective patient care policies.	
10	II		IN ACCORDANCE WITH LEGAL REQUIREMENTS	10
F21		405.1121(c)(2)	And administrative policies and by-laws governing the operation of the facility, in accordance with legal requirements.	
11	II		WRITTEN DATED AVAILABLE TO GOVERNING BODY	11
F22		405.1121(c)(2)	Such policies and by-laws are in writing, dated, and made available to all members of the governing body.	
12	II		REVIEWED AND REVISED	12
F23		405.1121(c)(4)	Which ensures that they are operational, and reviews and revises them as necessary.	
13	II		INDEPENDENT MEDICAL REVIEW	13
F24		405.1121(d)	STANDARD: INDEPENDENT MEDICAL EVALUATION (MEDICAL REVIEW). The governing body adopts policies to ensure that the facility cooperates in an effective program which provides for a regular program of independent medical evaluation and audit of the patients in the facility to the extent required by the programs in which the facility participates (including, at least annually, medical evaluation of each patient's need for skilled nursing facility care).	

14	II	III	IV	ADMINISTRATOR MANAGEMENT	14

F25 405.1121(e) STANDARD: ADMINISTRATOR.

T8 442.301 METHODS OF ADMINISTRATION. The ICF has methods of administrative management which insure that it meets the requirements of 442.302 through 442.315.

150.002(C) The administrator of the facility shall be responsible to the licensee and shall operate the facility to ensure that services required by patients or residents at each level of care are available on a regular basis and provided in an appropriate environment in accordance with established policies.

15	II	III	IV	QUALIFIED ADMINISTRATOR AS REQUIRED	15

F26 405.1121(e)(1) The governing body appoints a qualified administrator who is responsible for the overall management of the facility.

T12 442.303 ADMINISTRATOR

150.002(B)(1) Administrator. A full-time administrator shall be provided in (a) facilities that provide Level I care (b) facilities that provide Level II care and consist of more than one unit, and (c) facilities that provide Level III or IV care and consist of more than two units.

150.002(B)(2) Facilities that provide Level II care with only a single unit, and facilities that provide Level III or IV care with less than two units shall provide an administrator for the number of hours as needed in accordance with the size and services provided by the facility.

16	II	III	IV	ON PREMISES WORKING DAY	16

150.002(B)(4) A full-time administrator shall be on the premises during the working day.

17	II	III	F26	405.1121(E)(1)	ADMINISTRATOR CURRENTLY LICENSED	17
T13 T14				442.303(a) (See #15)	The ICF has a nursing home administrator with a current State license; a hospital administrator, if the ICF is a hospital qualifying as an intermediate care facility.	
				150.002(B)(5)	In facilities that provide Level I, II or III care, the administrator shall be a licensed nursing home administrator.	
18	II				ENFORCES REGULATIONS	18
F27				405.1121(e)(2)	Enforces the rules and regulations relative to the level of health care and safety of patients, and to the protection of their personal and property rights.	
19	II	III			PLANS ORGANIZES DIRECTS	19
F28				405.1121(e)(3)	Plans, organizes, and directs those responsibilities delegated to the administrator by the governing body.	
T15 T16				442.303(b) (See #15)	The administrator is responsible for managing the ICF; and implementing established policies and procedures.	
20	II				LIAISON WITH GOVERNING BODY	20
F29				405.1121(e)(4)	Through meetings and periodic reports, the administrator maintains ongoing liaison among the governing body, medical and nursing staffs, and other professional and supervisory staff of the facility.	

21	II				ACTS ON RECOMMENDATIONS	21
F30		405.1121(e)(5)			Studies and acts upon recommendations made by the utilization review and other committees.	
22	II	III	IV		AUTHORIZED ALTERNATE	22
F31		405.1121(e)(6)			In the absence of the administrator, an employee is authorized, in writing, to act on the administrator's behalf.	
				150.002(B)(7)	A responsible person shall be designated to act in the absence of the administrator.	
23	IV				ADMINISTRATOR RESPONSIBLE PERSON	23
				150.002(B)(6)	The administrator shall be a suitable and responsible person.	
24	II	III	IV		ADMINISTRATOR'S NAME AND TELEPHONE NUMBER POSTED	24
				150.002(B)(8)	The names and telephone numbers of the administrator and his alternate shall be posted and available to the individual in charge at all times.	
25	II				INSTITUTIONAL PLANNING	25
F32		405.1121(f)			STANDARD: INSTITUTIONAL PLANNING. The skilled nursing facility, under the direction of governing body, prepares an overall plan and budget which provides for an annual operating budget and a capital expenditure plan.	

26	II		ANNUAL OPERATING BUDGET	26
F33		405.1121(f)(1)	There is an annual operating budget which includes all anticipated income and expenses related to items which would, under generally accepted accounting principles, be considered income and expense items (except that it is not required that there be prepared, in connection with any budget, an item-by-item identification of the components of each type of anticipated income or expense).	
27	II		DETAILED 3-YEAR CAPITAL EXPENDITURES PLAN	27
F34		405.1121(f)(2)	There is capital expenditure plan for at least a 3-year period (including the year to which the operating budget described in paragraph (f)(1) of this section is applicable), which includes and identifies in detail the anticipated sources of financing for, and the objectives of, each anticipated expenditure in excess of $100,000. In determining if a single capital expenditure exceeds $100,000, the cost of studies, surveys, designs, plans, working drawings, specifications, and other activities essential to the acquisition, improvement, modernization, expansion, or replacement of land, plant, building, and equipment are included. Expenditures directly or indirectly related to capital expenditures, such as grading, paving, broker commissions, taxes assessed during the construction period, and costs involved in demolishing or razing structures on land are also included. Transactions which are separated in time but are components of an overall plan or patient care objective are viewed in their entirety without regard to their timing. Other costs related to capital expenditures include title fees, permit and license fees, broker commissions, architect, legal, accounting, and appraisal fees; interest, finance, or carrying charges on bonds, notes and other costs incurred for borrowing funds.	
28	II		APPROPRIATE PREPARATION	28
F38		405.1121(f)(3)	The overall plan and budget is prepared under the direction of the governing body of the skilled nursing facility by a committee consisting of representatives of the governing body, the administrative staff, and the medical staff (or chief medical officer, or patient care policies advisory group as described in §405.1122(a) of the skilled nursing facility.	

29	II		ANNUAL REVIEW AND UPDATE	29
F40		405.1121(f)(4)	The overall plan and budget is reviewed and updated at least annually by the committee referred to in paragraph (f)(3) of this section under the direction of the governing body of the skilled nursing facility.	
30	II III IV		PERSONNEL POLICIES	30
F41		405.1121(g) STANDARD: PERSONNEL POLICIES AND PROCEDURES.		
		150.002(D)	The licensee shall be responsible for procurement of competent personnel, and the licensee and the administrator shall be jointly and severally responsible for the direction of such personnel and for establishing and maintaining current written personnel policies, and personnel practices and procedures that encourage good patient or resident care.	
31	II		ADMINISTRATOR RESPONSIBLE IMPLEMENTATION	31
F42		405.1121(g)(1)	The governing body, through the administrator, is responsible for implementing and maintaining written personnel policies and procedures that support sound patient care and personnel practices.	

32	II	III	IV	CURRENT SIGNED PERSONNEL RECORDS	32

F43	405.1121(g)(2)	Personnel records are current and available for each employee and contain sufficient information to support placement in the position to which assigned.
	150.002(D)(5)	Completed and signed application forms and employee records shall be maintained. They shall be accurate, current and available on the premises. Such records shall include the following: (a) Pertinent information regarding identification (including maiden name); (b) Social Security number, Massachusetts license or registration number (if applicable) and year of original licensure or registration; (c) Name and addresses of educational institutions attended, dates of graduation, degrees or certificates conferred and name at the time of graduation; (d) All professional experience, on-the-job training and previous employment in chronological order with name and location of employer, dates of employment, and reasons for terminating employment.

33	II	III	IV	PERSONNEL TIME RECORDS - ADEQUATE STAFF	33

T9 T10 T11	442.302	STAFFING: The ICF has staff on duty 24 hours a day sufficient in number and qualifications to carry out the policies, responsibilities and programs of the ICF.
	150.002(D)(1)	At all times, every facility shall provide a sufficient number of trained, experienced and competent personnel to provide appropriate care and supervision for all patients and residents and to ensure that their personal needs are met. Accurate time records shall be kept on all personnel. Personnel time records shall be posted and maintained on a weekly basis.

34	II	III	IV	JOB DESCRIPTIONS	34

	150.002(D)(2)	There shall be written job descriptions for all positions including qualifications, duties and responsibilities. Work assignments shall be consistent with job descriptions and qualifications.

35	II	III	IV		EMPLOYEE RESTRICTIONS - DRUGS OR ALCOHOL	35
				150.002(D)(8)	No individual who is actively addicted to or dependent on alcohol, narcotics, stimulants, hallucinogenic drugs or other such drugs shall be employed or permitted to work.	
36	II	III	IV		WRITTEN POLICIES COMMUNICABLE DISEASE AND LESIONS	36
F44				405.1121(g)(3)	Written policies for control of communicable disease are in effect to ensure that employees with symptoms or signs of communicable disease or infected skin lesions are not permitted to work.	
				150.002(D)(7)	No individual shall be employed or employee permitted to work, if infected with a contagious disease in a communicable form that might endanger the health of patients, residents or other employees.	
37	II				SAFE SANITARY ENVIRONMENT	37
F45				405.1121(g)(4)	That a safe and sanitary environment for patients and personnel exists.	
38	II				REVIEW OF INCIDENTS AND ACCIDENTS	38
F46				405.1121(g)(5)	Incidents and accidents to patients and personnel are reviewed to identify health and safety hazards.	

39	II	III	IV	EMPLOYEE PHYSICALS AND TB TESTING	39

F47 405.1121(g)(6) Employees are provided or referred for, periodic health examinations, to ensure freedom from communicable disease.

150.002(D)(6)(a) Employee records shall contain evidence of adequate health supervision. A pre-employment physical examination, including a chest X-Ray or an intradermal skin test for tuberculosis, and periodic physical examinations at least every two years shall be performed and recorded.

40	II	III		STAFF DEVELOPMENT	40

F48 405.1121(h) STANDARD; STAFF DEVELOPMENT.

T92 442.314 STAFF TRAINING PROGRAMS.

41	II			ONGOING EDUCATIONAL PROGRAM	41

F49 405.1121(h)(1) An ongoing educational program is planned and conducted for the development and improvement of skills of all the facility's personnel, including training related to problems and needs of the aged, ill, and disabled.

42	II	III	IV	ORIENTATION	42

F50 405.1121(h)(2) Each employee receives appropriate orientation to the facility and its policies, and to the employee's position and duties.

T93 442.314(a) (See #40) The ICF conducts an orientation program for all new employees that includes a review of all its policies.

150.002(D)(3) There shall be an organized orientation program for all new employees to explain job responsibilities, duties and employment policies.

43	II	III	INSERVICE	43
F51		405.1121(h)(3)	Inservice training includes at least prevention and control of infections, fire prevention and safety, accident prevention, confidentiality of patient information, and preservation of patient dignity, including protection of the patient's privacy and personal and property rights.	
T94		442.314(b) (See #40)	The ICF plans and conducts an inservice staff development program for all personnel to assist them in developing and improving their skills.	
		150.007(I)(1)	Facilities that provide Level I, II, or III care shall provide a continuing inservice educational program appropriate to the level of care provided in the facility for all nursing personnel. Such a program shall be in addition to a thorough job orientation for new personnel.	
44	II	III	RECORDS MAINTAINED	44
F52		405.1121(h)(4)	Records are maintained which indicate the content of, and attendance at, such staff development programs.	
T95 T96		442.314(c) (See #40)	The ICF maintains a record of each orientation and staff development program it conducts. The record includes the content of the program and the names of the participants.	
45	II	III	USE OF OUTSIDE RESOURCES	45
F53		405.1121(i)	STANDARD: USE OF OUTSIDE RESOURCES.	
T107		442.317	ARRANGEMENTS WITH OUTSIDE RESOURCES.	

46	II	III	ARRANGEMENTS FOR OUTSIDE SERVICE	46
F54		405.1121(i)(1)	If the facility does not employ a qualified professional person to render a specific service to be provided by the facility, it makes arrangements to have such a service provided by an outside resource--a person or agency that will render direct service to patients or act as a consultant to the facility.	
T107		442.317(a) (See #45)	If the ICF does not employ a qualified professional to furnish a required institutional service, the ICF has a written agreement with a qualified professional outside the ICF to furnish the required service.	
47	II	III	SPECIFIC WRITTEN AGREEMENTS	47
F55		405.1121(i)(2)	The responsibilities, functions, and objectives, and terms of agreement, including financial arrangements and charges, of each outside resource are delineated in writing and signed by an authorized representative of the facility and the person or the agency providing the service.	
T108 T109		442.317(b) (See #45)	The agreement contains the responsibilities, functions, objectives and other terms agreed to by the ICF and the qualified professional and is signed by the administrator or his representative and by the qualified professional.	
48	II		FACILITY ASSUMES RESPONSIBILITY	48
F56		405.1121(i)(3)	Agreements pertaining to services must specify that the facility assumes professional and administrative responsibility for the services rendered.	
49	II		DATED SIGNED REPORTS TO ADMINISTRATOR	49
F57		405.1121(i)(4)	The outside resource, when acting as a consultant, apprises the administrator of recommendations, plans for implementation, and continuing assessment through dated, signed reports.	

50	II		FOLLOW-UP AND EVALUATIONS	50
F58		405.1121(i)(5)	Reports are retained by the administrator for follow-up action and evaluation of performance. (See requirement under each service--405.1124 through 405.1132.)	
51	II	III IV	NOTIFICATION CHANGES PATIENT STATUS	51
F59		405.1121(j)	STANDARD: NOTIFICATION OF CHANGES IN PATIENT STATUS.	
		150.002(E)	The administrator shall establish procedures for the notification of the patient, the next of kin or sponsor in the event of significant change in a patient's or resident's charges, billings, benefit status and other related administrative matters.	
52	II		APPROPRIATE WRITTEN POLICIES	52
F60		405.1121(j)(1)	The facility has appropriate written policies and procedures relating to notification of the patient's attending physician and other responsible persons in the event of an accident involving the patient, or other significant change in the patient's physical, mental, or emotional status, or patient charges, billings, and related administrative matters.	

53	II	III	IV	PRIOR NOTIFICATION FOR DISCHARGE, TRANSFER, ALTERED TREATMENT	53

F61 405.1121(j)(2) Except in a medical emergency, a patient is not transferred or discharged, nor is treatment altered radically, without consultation with the patient or, if the patient is incompetent, without prior notification of next of kin or sponsor.

T31 442.307(b) (See #89) Except in an emergency, the facility consults the resident, his/her next of kin, the attending physician, and the responsible agency, if any, at least 5 days before a transfer or discharge.

150.003(E)(6) No patient or resident shall be transferred or discharged without a physician's order and notification of next of kin or sponsor. The reason for transfer or discharge shall be noted on the patient's or resident's clinical record.

54	II	III	IV	PATIENT RIGHTS	54

F62 405.1121(k) STANDARD: PATIENTS' RIGHTS.

T41 442.311 WRITTEN POLICIES AND PROCEDURES: RESIDENTS' BILL OF RIGHTS

The ICF has written policies and procedures that insure the following rights for each resident:

150.015(B)(2) Patients and residents shall be treated with dignity and kindness at all times.

55	II			WRITTEN POLICIES	55

F63 405.1121(k)(1) The governing body of the facility establishes written policies regarding the rights and responsibilities of patients.

56	II		RESPONSIBILITY FOR IMPLEMENTATION	56
F64		405.1121(k)(2)	Through the administrator is responsible for development of, and adherence to, procedures implementing such policies.	
57	II	III	AVAILABILITY - DELEGATION OF RIGHTS	57
F65		405.1121(k)(3)	These policies and procedures are made available to patients, to any guardians, next of kin, sponsoring agency(ies), or representative payees selected pursuant to Section 205(j) of the Social Security Act, and Subpart Q of Part 404 of this chapter, and to the public.	
T83		442.312	WRITTEN POLICIES AND PROCEDURES: DELEGATION OF RIGHTS AND RESPONSIBILITIES	
T84		(a)	The ICF has written policies and procedures that provide that all rights and responsibilities of a resident pass to the resident's guardian, next of kin, or sponsoring agency or agencies if the resident is adjudicated incompetent under State law or is determined by his physician to be incapable of understanding his rights and responsibilities.	
T85		(b)	Physician determinations of incapability and the specific reasons thereof are recorded by the physician in the resident's record.	
58	II		STAFF TRAINED AND INVOLVED	58
F66		405.1121(k)(4)	The staff of the facility is trained and involved in the implementation of these policies and procedures.	

59	II		PATIENTS RIGHTS ASSURED	59
F67		405.1121(k)(5)	These patients' rights, policies, and procedures ensure that, at least, each patient admitted to the facility:	
60	II	III	WRITTEN ACKNOWLEDGEMENT ON ADMISSION	60
F67		405.1121(k)(5)(1)	Is fully informed, as evidenced by the patient's written acknowledgement, prior to or at the time of admission and during stay, of these rights and of all rules and regulations governing patient conduct and responsibilities.	
T42 T43		442.311(a)(1) (See #54)	The ICF informs each resident before or at the time of admission of his rights and the responsibilities and of all rules governing resident conduct.	
T44		442.311(a)(2)	The ICF informs each resident of amendments to their policies on residents' rights and responsibilities and rules governing conduct.	
T45		442.311(a)(3)	Each resident acknowledges in writing receipt of patients' rights information and any amendment to it.	

61	II	III	IV	FULLY INFORMED ON ADMISSION SERVICES AND CHARGES	61
F68			405.1121(k)(5)(2)	Is fully informed, prior to or at the time of admission and during stay, of services available in the facility, and of related charges including any charges for services not covered under titles XVIII or XIX of the Social Security Act, or not covered by the facility's basic per diem rate.	
T46			442.311(a)(4) (See #54)	The resident must be informed in writing of all services and charges for services.	
T47				The resident must be informed in writing of all changes in services and charges before or at the time of admission and on a continuing basis.	
T48				The resident must be informed of services not covered by Medicaid and not covered in the basic rate.	
			150.012(I)(1)	Facilities may provide or contract for certain special personal services for patients or residents such as hairdresser or barber services. These services shall not substitute for routine personal care services that the facility is required to provide regularly for all patients or residents. (105 CMR 150.007(G)(5). These special personal services shall be requested in writing by the patient, resident or his family and shall be available only to patients or residents within the facility.	

62	II	III	FULLY INFORMED BY MD OF MEDICAL CONDITION	62
F69		405.1121(k)(5)(3)	Is fully informed by a physician, of his or her medical condition unless medically contraindicated (as documented, by a physician, in the medical record), and is afforded the opportunity to participate in the planning of his or her medical treatment and to refuse to participate in experimental research.	
T49 T50 T51 T52		442.311(b) (See #54)	Each resident is informed by a physician of his health and medical condition unless the physician decides that informing the resident is medically contraindicated; is given an opportunity to participate in planning his total care and medical treatment; is given an opportunity to refuse treatment; and gives informed, written consent before participating in experimental research.	
T53		442.311(b)(2)	If the physician decides that informing the resident of his health and medical condition is medically contraindicated, the physician has documented this decision in the resident's medical record.	

63	II III IV	REASONS FOR DISCHARGE - PRIOR NOTICE	63

F70 405.1121(k)(4) Is transferred or discharged only for medical reasons, or for his or her welfare or that of other patients, or for nonpayment for his or her stay (except as prohibited by Titles XVIII or XIX of the Social Security Act), and is given reasonable advance notice to ensure orderly transfer or discharge, and such actions are documented in the medical record.

T54 442.311(c) Each resident is transferred or discharged only for: medical reasons; his/her welfare
T55 (See #54) or that of the other residents; or nonpayment except as prohibited by the Medicaid
T56 program.

150.003(E)(5) Except in an emergency, the facility shall give at least 24 hours' notice of anticipated or impending transfer to the receiving agency or institution and shall assist in making arrangements for safe transportation.

64	II III	WRITTEN POLICIES AND PROCEDURES ENCOURAGED TO EXERCISE RIGHTS WITHOUT REPRISAL	64

F71 405.1121(k)(5) Is encouraged and assisted, throughout the period to stay, to exercise rights as a patient and as a citizen, and to this end may voice grievances and recommend changes in policies and services to facility staff and/or to outside representatives of his or her choice, free from restraint, interference, coercion, discrimination, or reprisal.

T37 442.309 WRITTEN POLICIES AND PROCEDURES: RESIDENT COMPLAINTS AND RECOMMENDATIONS.

T38 The ICF has written policies and procedures that describe the procedures the ICF uses to re-
T39 ceive complaints and recommendations from residents; and insure that the ICF responds to complaints and recommendations.

T57 442.311(d) Exercising rights. Each resident is encouraged and assisted to exercise his/her rights
T58 (See #54) as a resident of the ICF and as a citizen; and allowed to submit complaints and recom-
T59 mendations concerning the policies and services of the ICF to staff or to outside representatives of the resident's choice or both, free from restraint, coercion, discrimination, or reprisal.

F72	405.1121(k)(5)(6)	May manage his or her personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his or her behalf should the facility accept his or her written delegation of this responsibility to the facility for any period of time in conformance with State law.
T60	442.311(e) (See #54)	Financial Affairs (This material includes regulations for 442.320.)
T61		Residents are allowed to manage their own personal financial affairs.
T62		The facility establishes and maintains a system that assures full and complete accounting of residents' personal funds, and does not commingle patient funds with any other funds other than patient funds.
T63		If a resident requests assistance from the ICF in managing his personal financial affairs, resident's delegation is in writing.
T64 T65		The ICF system of accounting includes written receipts for: All personal possessions and funds received by or deposited with the ICF: All disbursements made to or for the resident.
T66		The financial record must be available to the resident and his/her family.
	150.002(E)(2)	If the facility assumes the responsibility for safekeeping of patient's or residents' possessions and valuables, an accurate, written record of all funds, valuables and possessions, and a list of all deposits and withdrawals shall be maintained. A receipt for all items placed in safekeeping and all deposits and withdrawals shall be provided to the patient or resident, his next of kin or sponsor.

66	II	III	FREE FROM ABUSE, CHEMICAL AND PHYSICAL RESTRAINTS	66
F73		405.1121(k)(5)(7)	Is free from mental and physical abuse, and free from chemical and (except in emergencies) physical restraints except as authorized in writing by a physician for a specified and limited period of time, or when necessary to protect the patient from injury to self or to others.	
T67 T68 T69 T70 T71		442.311(f) (See #54)	Freedom from abuse and restraints. Each resident is free from mental and physical abuse. Chemical and physical restraints are only used when authorized by a physician in writing for a specified period of time or used in an emergency under the following conditions: The use is necessary to protect the resident from injuring himself or others; the use is authorized by a professional staff member identified in the written policies and procedures of the facility. The use is reported promptly to the resident's physician by that staff member.	
67	II	III	CONFIDENTIALITY OF RECORDS	67
F74		405.1121(k)(5)(8)	Is assured confidential treatment of personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in case of transfer to another health care institution, or as required by law or third-party payment contract.	
T74 T75		442.311(g)(3)(g)(4) (See #54)	Each resident's record, including information in an automatic data bank, is treated confidentially. Each resident must give written consent before the ICF releases information from his/her record to someone not otherwise authorized to receive it.	

68	II	III	IV	TREATED WITH RESPECT, DIGNITY, PRIVACY	68
F75			405.1121(k)(5)(9)	Is treated with consideration, respect, and full recognition of his or her dignity and individuality, including privacy in treatment and in care for personal needs.	
T72 T73			442.311(g)(1),(2) (See #54)	Each resident is treated with consideration, respect, and full recognition of his/her dignity and individuality. Each resident is given privacy during treatment and care of personal needs.	
			150.007(G)(1)(e)	All facilities shall provide sufficient nursing care and supportive care so that each patient or resident is treated with kindness and respect.	
69	II	III		NOT REQUIRED TO PERFORM SERVICES	69
F76			405.1121(k)(5)(10)	Is not required to perform services for the facility that are not included for therapeutic purposes in the plan of care.	
T78			442.311(h) (See #54)	Work. No resident may be required to perform services for the ICF.	
70	II	III		FREEDOM OF ASSOCIATION AND COMMUNICATION, MAIL UNOPENED	70
F77			405.1121(k)(5)(11)	May associate and communicate privately with persons of his or her choice, and send and receive personal mail unopened, unless medically contraindicated (as documented by his or her physician in the medical record)	
T79 T80			442.311(i) (See #54)	Each resident is allowed to communicate, associate, and meet privately with individuals of his choice, unless this infringes on the rights of another resident and to send and receive personal mail unopened.	

71	II	III		CHOICE OF PARTICIPATION OF ACTIVITIES	71
F78			405.1121(k)(5)(12)	May meet with, and participate in activities of social, religious, and community groups at his or her discretion, unless medically contraindicated (as documented by his or her physician in the medical record).	
T81			442.311(j) (See #54)	Each resident is allowed to participate in social, religious, and community group activities.	
72	II	III		USE OF PERSONAL CLOTHING AND POSSESSIONS	72
F79			405.1121(k)(5)(13)	May retain and use personal clothing and possessions as space permits, unless to do so would infringe upon rights of other patients, and unless medically contraindicated (as documented by his or her physician in the medical record).	
T82			442.311(k) (See #54)	Each resident is allowed to retain and use his personal possessions and clothing as space permits.	
73	II	III		PRIVACY FOR VISITS	73
F80			405.1121(k)(5)(14)	If married, is assured privacy for visits by his/her spouse; if both inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician in the medical record).	
T76 T77			442.311(g)(5), (g)(6) (See #54)	Married residents are given privacy during visits by their spouses. Married residents are permitted to share a room.	
74	II	III	IV	WRITTEN PATIENT CARE POLICIES	74
F81			405.1121(l)	STANDARD: PATIENT CARE POLICIES. The skilled nursing facility has written policies to govern the continued skilled nursing care and related medical or other services provided.	
T 20			442.305	WRITTEN POLICIES AND PROCEDURES.	
			150.004	Patient Care Policies.	

75	II	III	IV	DEVELOPMENT AND ANNUAL REVIEW	75
F82			405.1121(1)(1)	The facility has policies, which are developed by the medical director or the organized medical staff (see §405.1121), with the advice of (and with provision for review of such policies from time to time, but at least annually by) a group of professional personnel including one or more physicians and one or more registered nurses, to govern the skilled nursing care and related medical or other services it provides.
			150.004(B)	The administrator shall be responsible for the development of these policies with the advice of professional advisors or consultants, the director or supervisor of nurses and representatives from other disciplines as may be appropriate.
			150.004(c)	Policies shall be reviewed and revised at least annually.
76	II	III		AVAILABILITY - MEETS MEDICAL AND PSYCHOSOCIAL NEEDS	76
F83			405.1121(1)(2)	The policies, which are available to admitting physicians, sponsoring agencies, patients, and the public, reflect awareness of, and provision for, meeting the total medical and psychosocial needs of patients, including admissions, transfer, and discharge planning, and the range of services available to patients, including frequency of physician visits by each category of patients admitted.
T21 T22 T23 T24			442.305(b) (See #74)	Policies are available to the staff, residents, members of the family, the public, and legal representatives of residents.
77	II			INCLUDE PERSONAL AND PROPERTY RIGHTS	77
F84			405.1121(1)(3)	These policies also include provisions to protect patients' personal and property rights.
78	II			MINUTES OF MEETINGS - REFLECT IMPLEMENTATION	78
F85			405.1121(1)(4)	Medical records and minutes of staff and committee meetings reflect that patient care is being rendered in accordance with the written patient care policies.

79	II					U.R. RECOMMENDATIONS IMPLEMENTED	79
F86				405.1121(1)(5)		Utilization review committee recommendations regarding the policies are reviewed and necessary steps taken to ensure compliance.	
80	II					R.N.-M.D. DESIGNATED EXECUTION	80
F88				405.1121(1)(6)		The medical director or a registered nurse is designated in writing, to be responsible for the execution of patient care policies.	
81	II					IF R.N. - ADVISORY PHYSICIAN	81
F89				405.1121(1)(7)		If the responsibility for day-to-day execution of patient care policies has been delegated to a registered nurse, the medical director serves as the advisory physician from whom the nurse receives medical guidance. (See §§ 405.1122(b)	
82	II	III	F83	405.1121(1)(2)		GOVERNS ALL AREAS OF SERVICE	82
T20					442.305(a) (See #74)	The ICF has written policies and procedures that govern all services provided by the ICF.	
					150.004(A)	All facilities that provide Level I, II, or III care shall have current written policies that govern the services provided in the facility.	
83	II	III	IV	F83	405.1121(1)(2)	WRITTEN POLICIES AND PROCEDURES APPROPRIATE ADMISSIONS	83
T 25 T26 T27 T28					442.306	WRITTEN POLICIES AND PROCEDURES: ADMISSION. The ICF has written policies and procedures that insure that it admits as residents only those individuals whose needs can be met by the ICF itself; by the ICF in cooperation with community resources; or by the ICF in cooperation with other providers of care affiliated with or under contract to the ICF.		
					150.003(B)	Facilities shall admit and care for only those individuals for whom they can provide care and services appropriate to the individual's physical, emotional and social needs. Prior to admission, an individual's needs shall be evaluated and alternate care plans considered. This evaluation shall be a joint responsibility of the referring agency or institution, the admitting physician and the receiving facility.		

84	II	III	IV	CIVIL RIGHTS	84
				150.003(A)1)	Any restrictions, priorities or special admission criteria shall be applied equally to all potential admissions regardless of source of referral, source of payment, race, creed, ethnic origin, or sex. All facilities shall comply with State and Federal anti-discrimination laws.
85	II	III	IV	WRITTEN CONSENT FOR ADMISSION	85
				150.003(B)(2)	No facility shall admit a patient or resident without written consent of the individual (if he is competent to enter into such an agreement) or his next of kin or sponsor (if he is not) except in emergencies.
86	II	III	IV	HEALTH CARE REFERRAL	86
				150.003(C)(1)	Prior to or at the time of admission, a health care referral form approved by the Department shall be completed for each patient or resident. Patients and residents shall not be admitted without a completed referral form.
87	II	III	IV	RESTRICTIONS ON ADMISSION	87
				150.003(D)(3)	No facility shall admit or otherwise care for the following individuals unless prior approval has been granted by the Department. Approval shall be granted by the Department only if the facility is designed and staffed to meet the particular needs of such individuals: (a) Individuals whose major problem is addiction to or dependence on narcotics, alcohol, stimulants, hallucinogenic drugs or other habit forming drugs. (b) Individuals suffering from a contagious disease in a communicable form that might endanger the health of other residents or employees. (c) Individuals under 21 years of age. (d) Individuals suffering from major behavioral problems

88 II III IV ADMISSIONS FROM MENTAL HEALTH FACILITIES 88

150.003(D)(4) Facilities are prohibited from admitting or otherwise caring for individuals discharged from mental institutions, including institutions under the control of or affiliated with the Department of Mental Health, unless the following conditions for care and supervision have been met:

(a) An on-site analysis of the placement suitability for the individual has been made by a psychiatric social worker or psychiatric nurse.
(b) The patient or resident has had a complete medical examination (including chest X-Ray) prior to admission.
(c) The referring agency or institution has signed a written agreement that it will provide qualified psychiatric personnel to supervise and re-examine individuals referred by them until the individual manifests a satisfactory adjustment for a period of 12 months to his new environment. Such examination shall be at least every three months.
(d) Summaries or reports of psychiatric evaluations and examinations, including current status, recommendations for management and medications, are sent to the facility and maintained with the patient's or resident's clinical record. Medications ordered by psychiatrists shall be in accordance with the provisions in 105 CMR 150.003.
(e) Mental hospitals referring individuals have agreed to readmit the individual or to secure appropriate alternative placement if he fails to achieve a satisfactory adjustment or requires re-admission to a psychiatric facility within 12 months from the date of placement.
(f) The staff of long-term care facilities accepting such individuals has had special training or experience in the field of mental health or the facility provides regular in-service training programs on subjects of mental health for the staff.

89 III WRITTEN POLICIES
TRANSFER OR DISCHARGE 89

T 29 442.307 WRITTEN POLICIES AND PROCEDURES: TRANSFER AND DISCHARGE

90	II	III	IV		APPROPRIATE TRANSFER CHANGE IN CONDITION	90
T30				442.307(a) (See #89)	The ICF must have written policies and procedures that insure that residents are transferred promptly to a hospital, skilled nursing facility, or other appropriate facility, when necessary.	
				150.003(E)(3)	If major changes occur in the physical or mental condition of the patient or resident so that he requires services not regularly provided by the facility, arrangements shall be made by the attending physician and the facility to transfer the patient or resident to a facility providing more appropriate care.	

91	II	III	IV		HEALTH CARE REFERRAL - DISCHARGE	91
				150.003(E)(7)	A health care referral form approved by the Department and other relevant information shall be sent to the receiving agency or institution.	

92	II	III	IV		DISCHARGE BY DEATH - PRONOUNCED	92
				150.003(E)(8)	Each long-term care facility shall develop specific procedures to be followed in the event of death. A physician shall be notified immediately at the time of death. Deceased shall be pronounced dead by a physician within a reasonable time after death and shall not be discharged from a facility until pronounced dead. Provisions shall be made so that the deceased are removed from rooms with other patients or residents as soon as possible. The deceased shall be covered and shall be transported in the home and removed from the home in a dignified manner.	

MEDICAL DIRECTOR

93	II	MEDICAL DIRECTOR - WRITTEN AGREEMENT	93

F90 405.1122 MEDICAL DIRECTION. The facility retains, effective not later than 12 full calendar months from 12/2/74 pursuant to a written agreement, a physician, licensed under State law to practice medicine or osteopathy, to serve as medical director on a part-time or full-time basis as is appropriate for the needs of the patients and the facility. If the facility has an organized medical staff, the medical director is designated by the medical staff with approval of the governing body. A medical director may be designated for a single facility or multiple facilities through arrangements with a group of physicians, a local medical society, a hospital medical staff or through another similar arrangement. The medical director is responsible for the overall coordination of the medical care in the facility to ensure the adequacy and appropriateness of the medical services provided to patients and to maintain surveillance of the health status of employees. (See §405.1911(b) regarding waiver of the requirement for a medical director.

94	II	COORDINATION OF MEDICAL CARE	94

F94 405.1122(a) STANDARD: COORDINATION OF MEDICAL CARE. Medical direction and coordination of medical care in the facility are provided by a medical director.

95	II	RESPONSIBILITY OF MEDICAL DIRECTOR	95

F95 405.1122(a)(1) The medical director is responsible for the development of written by-laws, rules, and regulations which are approved by the governing body and include delineation of the responsibilities of attending physicians.

96	II	LIAISON WITH PHYSICIANS	96

F96 405.1122(a)(2) Coordination of medical care includes liaison with attending physicians to ensure their writing orders promptly upon admission of a patient, and periodic evaluation of the adequacy and appropriateness of health professionals and supportive staff and services.

97	II		RESPONSIBILITIES TO FACILITY	97
F97		405.1122(b)	STANDARD: RESPONSIBILITIES TO THE FACILITY. The medical director is responsible for surveillance of the health status of the facility's employees.	
98	II		INCIDENT AND ACCIDENT REVIEW	98
F98		405.1122(b)(1)	Incidents and accidents that occur on the premises are reviewed by the medical director to identify hazards to health and safety.	
99	II		REPORT TO ADMINISTRATOR	99
F99		405.1122(b)(2)	The administrator is given appropriate information to help ensure a safe and sanitary environment for patients and personnel.	
100	II		EXECUTION OF PATIENT CARE POLICY	100
F100		405.1122(b)(3)	The medical director is responsible for the execution of patient care policies in accordance with §405.1121(1)	

PHYSICIAN SERVICES

101	II	III	PHYSICIAN SERVICES	101

F101 405.1123 PHYSICIAN SERVICES. Patients in need of skilled or rehabilitative care are admitted to the facility only upon the recommendation of, and remain under the care of, a physician. To the extent feasible, each patient or the patient's sponsor designates a personal physician.

T 238 442.346 PHYSICIAN SERVICES

102	II	III	IV	MEDICAL FINDINGS - ADMISSION PHYSICIAN ORDERS	102

F102 405.1123(a) STANDARD: MEDICAL FINDINGS AND PHYSICIANS' ORDERS AT TIME OF ADMISSION.

150.005(F)(2) The medical care plan shall be completed and recorded in the patient's or resident's clinical record as follows:

(a) Level I or II, within 5 days prior to admission, up to 48 hours following admission.

(b) Level III or IV within 14 days prior to admission, up to 72 hours following admission.

150.003(B)(1) Patients or residents shall be admitted only on the written order of a physician who designates the placement as medically and socially appropriate.

103	II	III	IV	CURRENT MEDICAL FINDINGS	103

F103 405.1123(a)(1) There is made available to the facility prior to or at the time of admission, patient information which includes current medical findings, diagnoses, and orders from a physician for immediate care of the patient.

150.005(F) Every patient or resident shall have a complete admission physical exam and medical evaluation. Based on this information, the attending physician shall develop a medical care plan that shall include such information as the following: Primary diagnosis; other diagnoses or associated conditions; pertinent findings on physical exam (including vital signs and weight, if ambulatory); significant past history; significant special conditions, disabilities or limitations; prognosis; assessment of physical capability (ambulation, feeding assistance, bowel and bladder control); assessment of mental capacity; treatment plan including: medications, special treatments or procedures, restorative services; dietary needs, order of ambulation and activities; special requirements necessary for the individual's health and safety; preventive or maintenance measure; short and long term goals; estimated length of stay.

104	II	III	IV	DISCHARGE SUMMARY - TIMELY	104

F104 405.1123(a)(2) Information about the rehabilitation potential of the patient and a summary of prior treatment are made available to the facility at the time of admission or within 48 hours thereafter.

150.003(C)(2) A discharge summary or complete medical evaluation sufficient to provide the care and services required by the patient or resident shall be made available to the receiving facility either prior to or immediately following admission.

105	II			PATIENT SUPERVISION BY PHYSICIAN	105
F105		405.1123(b)	STANDARD: PATIENT SUPERVISION BY PHYSICIAN		
106	II	III	IV	ATTENDING PHYSICIAN FOR EVERY PATIENT	106
F106		405.1123(b)(1)		The facility has a policy that the health care of every patient must be under the supervision of a physician.	
T239			442.346(a) (See #101)	The ICF has policies and procedures to insure that the health care of each resident is under the continuing supervision of a physician.	
			150.005(C)	Every patient or resident shall have an attending physician who is responsible for his continuing medical care and periodic reevaluation.	
107	III			PHYSICIAN VISIT EVERY 60 DAYS	107
T240 T241 T242			442.346(b) (See #101)	(c)The physician sees the resident whenever necessary but at least once every 60 days or less frequently than every 60 days if he documents the reasons.	

108	II			PHYSICIANS ORDERS	108
F107			405.1123(b)(2)	The physician, based on a medical evaluation of the patient's immediate and long-term needs, prescribes a planned regimen of total patient care.	
109	II	III	IV	ARRANGEMENT FOR MEDICAL CARE - M.D. ABSENCE	109
F108			405.1123(b)(3)	All attending physicians are required to make arrangements for the medical care of their patients in their absence.	
			150.005(C)(2)	The addresses and telephone numbers of attending physicians at which they can be reached routinely and for emergencies, and the addresses and telephone numbers of alternate physicians providing coverage for an attending physician in his absence shall be recorded in the patient's or resident's record and be readily available to personnel on duty in case of emergencies.	
110	II	III	IV	TIMELY PHYSICAL EXAM	110
F109			405.1123(b)(4)	The medical evaluation of the patient is based on a physical examination done within 48 hours of admission, unless such examination was performed within 5 days prior to admission.	
			150.013(D)(4)	The medical record shall include initial medical evaluation and medical care plan including: medical history, physical examination, evaluation of mental and physical condition, diagnoses, orders, and estimation of immediate and long-term health needs dated and signed by the attending physician. (105 CMR 150.005(F)(1)	
111	II			PHYSICIAN VISIT EVERY 30 DAYS	111
F110			405.1123(b)(5)	The patient is seen by the attending physician at least once every 30 days for the first 90 days following admission.	

112	II	III	IV	PROGRAM OF CARE REVIEWED AND REVISED AS REQUIRED	112

F111 405.1123(b)(6) The patient's total program of care (including medications and treatments) is reviewed during a visit by the attending physician at least once every 30 days for the first 90 days, and revised as necessary.

T188 442.336(b) Medications are reviewed quarterly by the attending physician or staff physician. (See #214)

150.005(G) Each patient or resident shall be re-examined and re-evaluated and his medical care plan reviewed and revised, if indicated, by the attending physician to assure appropriate medical services and patient placement. Reviews shall be conducted and shall be recorded in the clinical record at least as often as follows:

(1) Level II, every 30 days. If after 90 days following admission in the opinion of the attending physician it is deemed unnecessary to see the patient with such frequency, an alternate schedule of visits by the physician may be adopted providing the justification is documented in the patient's medical record. At no time may the alternate schedule exceed (60) days.

(2) Level III, every 60 days. If after 90 days following admission in the opinion of the attending physician it is deemed unnecessary to see the patient with such frequency, an alternate schedule of visits by the physician may be adopted providing the justification is docuented in the patient's medical record. At no time may the alternate schedule exceed (90) days.

(3) Level IV, every 6 months.

113	II	III	IV	T182	442.334(c)(2)	PROGRESS NOTE AND ORDERS SIGNED	113

F112 405.1123(b)(7) A progress note is written and signed by the physician at the time of each visit, and all orders are signed by the physician.

150.013(D)(5) Physician's Progress Notes including: signigicant changes in the patient's or resident's condition, physical findings and recommendations recorded at each visit, and at the time of periodic reevaluation and revision of medical care plans (105 CMR 150.005(G)).

114	II		ALTERNATE SCHEDULE	114
F113		405.1123(b)(8)	Subsequent to the 90th day following admission, an alternate schedule for physician visits may be adopted where the attending physician determines and so justifies in the patient's medical record that the patient's condition does not necessitate visits at 30-day intervals.	
115	II		RESTRICTIONS - REHABILITATIVE SERVICES	115
F114		405.1123(b)(9)	This alternate schedule does not apply for patients who require specialized rehabilitative services, in which case the review must be in accordance with 405.1126(b).	
116	II		60-DAY RESTRICTION - ALTERNATE SCHEDULE	116
F115		405.1123(b)(10)	At no time may the alternate schedule exceed 60 days between visits.	
117	II		NOTIFICATION OF STATE AGENCY	117
F116		405.1123(b)(11)	If the physician decides upon an alternate schedule of visits of more than 30 days for a patient (1) in the case of Medicaid benefits recipient, the facility notifies the State Medicaid agency of the change in schedule, including justification, and (2) the Utilization Review committee or the Medical Review team (see 405.1121(d) promptly reevaluates the patient's need for monthly physician visits as well as the continued need for skilled nursing facility services (see 405.1137(d).	
118	II		ACCEPTABILITY OF ALTERNATE SCHEDULE	118
		405.1123(b)(12)	If the Utilization Review committee or the Medical Review team does not concur in the schedule of visits at intervals of more than 30 days, the alternate schedule is not acceptable.	

119	II	III	IV	EMERGENCY PHYSICIAN - WRITTEN ARRANGEMENT		119

150.005(D) All facilities shall have written arrangements for emergency physician services when the patient's or resident's own physician or alternate is not immediately available.

120	II	III	IV	AVAILABILITY AND SCHEDULE FOR EMERGENCY PHYSICIAN		120

F122 405.1123(c) STANDARD: AVAILABILITY OF PHYSICIANS FOR EMERGENCY PATIENT CARE. The facility has written procedures, available at each nurses station, that provide for having a physician available to furnish necessary medical care in case of emergency.

150.005(D)(1) A schedule listing the names and telephone numbers of "emergency" physicians and the specific days each is on call shall be posted at each nurses' or attendants' stations.

121	II	III	IV	PROCEDURES FOR EMERGENCY CARE		121

T88 442.313(b) The ICF has written procedures for the staff to follow in case of an emergency involving a resident. These procedures include:
T89 (See #523)
T90 caring for the resident; notifying the attending physician and other individuals
T91 responsible for the resident; and arranging for transportation, hospitalization, and other appropriate services.

150.005(D)(3) Facilities shall establish and follow procedures that cover immediate care of the patient, persons to be notified, and reports to be prepared in the case of emergencies.

122	II	III		ADVISORY PHYSICIAN NA IF MEDICAL DIRECTOR		122

150.005(B) Facilities that provide Level I, II or III care shall provide medical supervision through a written agreement with an organized medical staff of a hospital; an organized medical staff within the facility; a local medical society; or two or more advisory physicians (at least one of whom does not have a proprietary interest in the facility.) (Department policy requires only one physician at present.)

123	II	III	FUNCTIONS OF ADVISORY PHYSICIAN	NA IF MEDICAL DIRECTOR	123

150.005(B)(1) Supervisory and advisory functions shall include: Advice on the development of medical and patient care policies concerning patient admissions and discharge, medical records, responsibilities of attending physicians, supportive and preventive services, emergency medical care, and the review of the facility's overall program of patient care.

124	II	III	REQUIRED TIME FOR ADVISORY PHYSICIAN	NA IF MEDICAL DIRECTOR	124

150.005(B)(2) Staff or advisory physicians shall spend at least four hours per month in the facility devoted to supervisory and advisory functions. (Time requirement not being implemented at present per Department policy.)

NURSING SERVICES

125	II	III	IV	ADEQUATE NURSING SERVICE	125

F123 405.1124 NURSING SERVICES. The skilled nursing facility provides 24-hour service by licensed nurses, including the services of a registered nurse at least during the day tour of duty 7 days a week. There is an organized nursing service with a sufficient number of qualified nursing personnel to meet the total nursing needs of all patients.

T192 442.338 HEALTH SERVICES.

150.007(A) All facilities shall provide appropriate, adequate and sufficient nursing services to meet the needs of patients or residents and to assure that preventive measures, treatments, medications, diets, restorative services, activities and related services are carried out, recorded and reviewed.

126	II	III	IV	WRITTEN POLICIES AND PROCEDURES	126

150.007(A)(2) Nursing services in facilities that provide Level I, II or III care shall be in accordance with written policies and procedures.

127	II			DIRECTOR OF NURSING SERVICES	127

F124 405.1124(a) STANDARD: DIRECTOR OF NURSING SERVICES.

128	II			FULL-TIME DIRECTOR - QUALIFIED R.N.	128

F125 405.1124(a)(1) The director of nursing services is a qualified registered nurse employed full-time.

150.007(B)(3)(a) Facilities that provide Level II care shall provide: A full-time director of nurses.

129	II		AUTHORITY, RESPONSIBILITY, ACCOUNTABILITY - IN WRITING	129
F126		405.1124(a)(2)	The Director of Nurses has, in writing, administrative authority, responsibility, and accountability for the functions, activities, and training of the nursing services staff, and serves only one facility in this capacity.	
130	II		ASSISTANT DIRECTOR IF OTHER INSTITUTIONAL RESPONSIBILITIES	130
F127		405.1124(a)(3)	If the Director of Nursing Services has other institutional responsibilities, a qualified registered nurse serves as assistant so that there is the equivalent of a full-time Director of Nursing Services on duty.	
131	II		RESPONSIBILITIES OF DIRECTOR	131
F128		405.1124(a)(4)	The Director of Nursing Services is responsible for the development and maintenance of nursing service objectives, standards of nursing practice, nursing policy and procedure manuals, written job descriptions for each level of nursing personnel, scheduling of daily rounds to see all patients, methods for coordination of nursing services with other patient services, for recommending the number and levels of nursing personnel to be employed, and nursing staff development.	
132	II III		QUALIFIED SUPERVISOR AS REQUIRED	132
		150.007(B)(3)(b)	Facilities that provide Level II care shall provide: A full-time supervisor of nurses during the day shift, five days a week for facilities with more than one unit. In facilities with only a single unit, the Director of Nurses may function as supervisor.	
		150.007(B)(4)(a)	Facilities that provide Level III care shall provide a full-time supervisor of nurses during the day shift, five days a week, in facilities with more than one unit.	

133	II	III	RESPONSIBILITIES OF SUPERVISORS	133

150.007(C)(2) Supervisor of Nurses: The supervisor of nurses shall be a registered nurse with at least two years of nursing experience, one of which has been in a charge nurse capacity. The supervisor of nurses shall be responsible for: The supervision of nursing care and nursing personnel; the supervision and evaluation of staff assignments and performance; the supervision of patient care; the application and evaluation of patient care plans; and the integration of nursing care with other professional services.

134	II	III	QUALIFIED CHARGE NURSE	134

F129 405.1124(b) STANDARD: CHARGE NURSE.

T197 442.339(b) The nurse has a current state license.
(See #136)

150.007(C)(3) Charge Nurse: The charge nurse shall be a registered nurse or a licensed practical nurse; provided that in a Level I or II unit, a practical nurse licensed by waiver may serve in such capacity only if she/he has received a passing grade either on the Massachusetts written state licensure examination given in the years 1958, 1959, 1960 by the Board of Registration in Nursing or on the federal Public Health Service Proficiency Examination for Practical Nurses Licensed by Waiver given periodically by the Department in accordance with federal regulations. The charge nurse shall be responsible for the performance of total nursing care of the patients in his/her unit during his/her tour of duty with the assistance of ancillary nursing personnel.

135	III		RESIDENT SERVICES DIRECTOR	135
T17 T18 T19		442.304	RESIDENT SERVICES DIRECTOR, The facility has a resident services director (RSD) who is: the administrator or another professional staff member. The duties of RSD include coordinating and monitoring each resident's overall plan of care.	
136	III		SUPERVISION - HEALTH SERVICES	136
T195		442.339	SUPERVISION.	
137	III		R.N. CONSULTANT - WRITTEN AGREEMENT	137
T198		442.339(c) (See #136)	If the supervisor of health services is a licensed practical or vocational nurse, the facility has a formal contract with a registered nurse to serve as a consultant no less than 4 hours a week.	
138	II III		R.N. OR LPN ON EACH TOUR OF DUTY AS REQUIRED	138
F130		405.1124(b)(1)	A registered nurse, or a qualified licensed practical (vocational) nurse, is designated as charge nurse by the director of nursing services for each tour of duty.	
T196		442.339(a) (See #136)	The ICF has a full-time registered nurse or a licensed practical or vocational nurse to supervise the health services 7 days a week on the day shift.	
		150.007(B)(3)(c)	Level II. A charge nurse 24 hours per day, seven days a week for each unit.	
		150.007(B)(4)(b)	Level III. A charge nurse during the day and evening shifts, seven days a week, for each unit.	

139	IV		STAFFING AS REQUIRED NURSE CONSULTANT	139
		150.007(B)(5)	Facilities that provide Level IV care shall provide: (a) A responsible person on the premises at all times (b) In facilities with less than 20 beds, at least one "responsible person" on active duty during the waking hours in the ratio of one per ten residents. (c) In facilities with more than 20 beds, at least one "responsible person" on active duty at all times during the 24 hours of the day, seven days a week, per unit. (d) If none of the responsible persons on duty are licensed nurses, then the facility shall provide a licensed consultant nurse, four hours per month per unit. (In multiple level facilities, the director or supervisor of nurses may function in this capacity.)	
140	III		24-HOUR STAFFING	140
T 204		442.340	24-HOUR STAFFING. The ICF has responsible staff members on duty and awake 24 hours a day to take prompt, appropriate action in case of injury, illness, fire, or other emergency.	
		150.007(B)(4)(c)	Level III must provide a nurse's aide who is a responsible person, on duty during the night shift.	
141	III IV		DUTIES RESPONSIBLE PERSON	141
		150.007(C)(4)	The nurse's aide or the responsible person on duty in facilities that provide Level III or IV care shall be readily accessible so that patients or residents can easily report injuries, symptoms, or emergencies. Such person shall be responsible for assuring that appropriate action is taken promptly, and facilities shall be responsible for establishing mechanisms and procedures for the nurse's aide or responsible person to obtain assistance in the case of an emergency.	

142	II		RESPONSIBILITY OF CHARGE NURSE	142
F131		405.1124(b)(2)	Is responsible for supervision of the total nursing activities in the facility during each tour of duty.	
143	II		DIRECTOR NOT CHARGE NURSE	143
F132		405.1124(b)(3)	The director of nursing services does not serve as charge nurse in a facility with an average daily total occupancy of 60 or more patients.	
144	II		CHARGE NURSE DELEGATES RESPONSIBILITY	144
F133		405.1124(b)(4)	The charge nurse delegates responsibility to nursing personnel for the direct nursing care of specific patients during each tour of duty, on the basis of staff qualifications, size, and physical layout of the facility, characteristics of the patient load, and the emotional, social, and nursing care needs of patients.	
145	II	III	24 HOUR NURSING SERVICE	145
F134		405.1124(c)	STANDARD: TWENTY-FOUR-HOUR NURSING SERVICE.	
T194		442.338(b) (see #125)	The ICF provides these services 24 hours a day.	
		150.007(A)(1)	Facilities that provide Level I, II or III care shall provide a 24-hour nursing service with an adequate number of trained and experienced personnel on duty 24 hours per day, seven days a week, including vacation and other relief periods.	

146	II			TOTAL NURSING NEEDS MET	146
F135		405.1124(c)(1)	The facility provides 24-hour nursing services which are sufficient to meet total nursing needs and which are in accordance with the patient care policies developed as provided in 405.1121(1).		
147	II	III	IV	PATIENT RECEIVES PRESCRIBED TREATMENTS, MEDICATION, DIET	147
F136		405.1124(c)(2)	The policies are designed to ensure that each patient receives treatments, medications, and diet as prescribed, and rehabilitative nursing care as needed; receives proper care to prevent decubitus ulcers and deformities, and is kept comfortable, clean, well-groomed, and protected from accident, injury, and infection; and encouraged, assisted, and trained in self care and group-activities.		
T193			442.338(a) (see #125)	The ICF provides health services for each resident that includes treatments, medications, diet, and other health service as prescribed and planned.	
			150.007(G)(1) 150.007(G)(1)(a)	All facilities shall provide sufficient nursing care and supportive care so that each patient or resident: receives treatments, medications, diet and other services as prescribed and planned in his medical, nursing, restorative, dietary, social and other care plans.	
148	II			R.N. - DAY SHIFT - 7 DAYS A WEEK	148
F137		405.1124(c)(3)	Nursing personnel, including at least one registered nurse on the day tour of duty 7 days a week, licensed practical (vocational) nurses, nurse aides, orderlies, and ward clerks, are assigned duties consistent with their education and experience, and based on the characteristics of the patient load.		

149	II	III	IV	F135 T193	405.1124(c)(1) 442.338(a)	PATIENT CARE TO PREVENT DECUBITI	149
					150.007(G)(1)(b)	Each patient receives proper care to prevent decubiti, contractures and immobility.	
150	II	III	IV	F135 T193	405.1124(c)(1) 442.338(a)	PATIENT COMFORTABLE, CLEAN, WELL-GROOMED	150
					150.007(G)(1)(c)	Each patient is kept comfortable, clean and well-groomed.	
151	II	III	IV	F135 T193	405.1124(c)(1) 442.338(a)	PATIENT PROTECTED FROM ACCIDENT AND INJURY	151
					150.007(G)(1)(d)	Each patient is protected from accident and injury through safety plans and measures.	
152	II					TIME SCHEDULES	152
F138					405.1124(c)(4)	Weekly time schedules are maintained and indicate the number and classification of nursing personnel including relief personnel, who worked on each unit for each tour of duty.	

153	II	II	IV	MINIMUM NURSING REQUIREMENTS - RESTRICTIONS	153

150.007(B)(1) Minimum Nursing Personnel Requirement.

(a) Nursing personnel shall not serve on active duty more than 12 hours per day, or more than 48 hours per week, on a regular basis.
(b) One director of nurses may cover multiple units of the same or different levels of care within a single facility. One supervisor of nurses may cover up to two units of the same or different levels of care within a single facility.
(c) Full-time shall mean 40 hours per week, five days per week.
(d) The amount of nursing care time per patient shall be exclusive of non-nursing duties.
(e) The minimum staffing patterns and nursing care hours as contained herein shall mean minimum, basic requirements. Additional staff will be necessary in many facilities to provide adequate services to meet patient needs.
(f) The supervisor of nurses and the charge nurse, but not the director of nurses, may be counted in the calculation of licensed nursing personnel.

154	II	III	IV	DUTIES CONSISTENT WITH TRAINING AND EXPERIENCE	154

150.007(C)(5) Licensed practical nurses, nurse's aides and orderlies shall be assigned duties consistent with their training and experience.

155	II	III		RESTRICTIONS REGARDING DIRECT PATIENT CARE	155

150.007(C)(6) At no time shall direct patient care be provided by individuals under 16 years of age, housekeeping staff, or kitchen workers.

156	II	III		RESTRICTIONS REGARDING NURSING PERSONNEL	156

150.007(C)(7) Nursing personnel shall not perform housekeeping, laundry, cooking, or other such tasks normally performed by maintenance or other personnel.

157	II	III		F135 T193	405.1124(c)(1) 442.338(a)	SUFFICIENT ANCILLARY PERSONNEL	157

150.007(B)(3)(d) Level II must provide sufficient ancillary nursing personnel to meet patient needs.

150.007(B)(4)(d) Level III must provide sufficient ancillary nursing personnel to meet patient needs.

158	II	III				NURSING HOURS AS REQUIRED	158

150.007(B)(3)(e) As a basic minimum, facilities that provide Level II care shall provide a total of 2.0 hours of nursing care per patient per day; at least 0.6 hours shall be provided by licensed nursing personnel and 1.4 hours by ancillary nursing personnel

150.007(B)(4)(e) As a basic minimum, facilities that provide Level III care shall provide a total of 1.4 hours of nursing care per patient per day; at least 0.4 shall be provided by licensed nursing personnel and 1.0 hours by ancillary nursing personnel.

159	II	III	IV	F135 T193	405.1124(c)(1) 442.338(a)	PERSONAL CARE ROUTINES	159

150.007(G)(5) The following personal care routines shall be provided by all facilities as a part of the patient's or resident's general care and well-being.

160	II	III	IV	F135 T193	405.1124(c)(1) 442.338(a)	BATH OR SHOWER	160

150.007(G)(5)(a) A tub bath, shower, or full-bed bath, as desired or required, but at least weekly.

161	II	III	IV	F135 T193	405.1124(c)(1) 442.338(a)	BED LINEN	161
					150.007(G)(5)(b)	Bed linen changed as required, but at least weekly.	
162	II	III		F135 T193	405.1124(c)(1) 442.338(a)	PROCEDURES FOR INCONTINENTS	162
					150.007(G)(5)(c)	Procedures to keep incontinent patients clean and dry.	
163	II	III		F135 T193	405.1124(c)(1) 442.338(a)	OBSERVATION OF BEDFAST PATIENTS	163
					150.007(G)(5)(d)	Frequent observation of bedfast patients for skin lesions and special care for all pressure areas.	
164	II	III		F135 T193	405.1124(c)(1) 442.338(a)	DAILY AMBULATION	164
					150.007(G)(5)(e)	Daily ambulation or such movement as condition permits (as ordered by the physician).	
165	II	III	IV	F331 T230	405.1131(b)(1) 442.345(a)	RECREATIONAL ACTIVITIES	165
					150.007(G)(5)(f)	A range of recreational activities.	

166	II	III	IV	F135 T193	405.1124(c)(1) 442.338(a)	SHAVES DAILY	166
					150.007(G)(5)(g)	Provision for daily shaving of men.	
167	II	III	IV	F135 T193	405.1124(c)(1) 442.338(a)	HAIRCUTS MONTHLY	167
					150.007(G)(5)(h)	Provision for haircuts for men at least monthly.	
168	II	III	IV	F135 T193	405.1124(c)(1) 442.338(a)	SHAMPOOS	168
					150.007(G)(5)(i)	Hair shampoos at least once every two weeks.	
169	II	III	IV	F135 T193	405.1124(c)(1) 442.338(a)	ORAL HYGIENE	169
					150.007(G)(5)(j)	Daily oral hygiene and dentures or teeth cleaned morning and night.	
170	II	III	IV	F135 T193	405.1124(c)(1) 442.338(a)	FOOT CARE	170
					150.007(G)(5)(k)	Foot care sufficient to keep feet clean and nails trimmed.	

171	II	III	IV	F135 T193	405.1124(c)(1) 442.338(a)	APPROPRIATE CLOTHING	171

150.007(G)(5)(l) Appropriate clean clothing that is properly mended, appropriate to the time of day and season, whether indoors or outdoors. No clothing of highly flammable fabrics shall be permitted.

172	II	III	IV	F135 T193	405.1124(c)(1) 442.338(a)	ATTENDANT FOR AMBULATORY PATIENTS	172

150.007(g)(5)(m) An attendant for walks and other such activities, when necessary, to safeguard ambulatory patients or residents.

173	II	III	IV	F73	405.1121(K)(7)	WRITTEN POLICIES-PROPER USE OF RESTRAINTS	173

T33 T34 T35 T36 442.308 WRITTEN POLICIES AND PROCEDURES: CHEMICAL AND PHYSICAL RESTRAINTS. The ICF has (See #66) written policies and procedures that: define the uses of chemical and physical restraints; identify the professional personnel who may; authorize use of restraints in emergencies under 442.311(f), (T67) and describe procedures for monitoring and controlling the use of these restraints.

150.015(C)(2) Restraints shall be used only on a physician's order, and the type of restraint shall be specified by the physician. Restraints shall not be applied for more than two hours at a time (or the time ordered by the physician). At the end of this time, restraints shall be released and the patient ambulated, toileted (if necessary) etc. When the restraints are removed, the patient shall be made comfortable and his position changed. Supervision shall be provided during the time restraints are removed. Restraints shall not be used or applied in such a manner as to cause injury to the patient. Locked restraints shall not be used at any time. A patient in restraint shall be checked at least every hours.

174	II	III	IV	PHYSICIAN'S ORDER - MEDICATIONS AND TREATMENT	174

150.007(G)(2) No medication, treatment or therapeutic diet shall be administered to a patient or resident except on written or oral order of a physician.

175	II	III	PATIENT CARE PLAN	175

F169 405.1124(d) STANDARD: PATIENT CARE PLAN.

T205 442.341 INDIVIDUAL HEALTH CARE PLAN.

150.007 (D)(2) Nursing Care Plan: In facilities that provide Level I, II or III care, the nursing care shall include a comprehensive, nursing care plan for each patient developed by the nursing staff in relation to the patient's total health needs.

176	II	III	BASED ON PHYSICIAN'S ORDERS	176

F170 405.1124(d)(1) In coordination with the other patient care services to be provided, a written patient care plan for each patient is developed and maintained by the nursing service consonant with the attending physician's plan of medical care, and is implemented upon admission.

T 206 442.341(a) Appropriate staff develops and implements a written health care plan for each (See #175) resident according to the instructions of the attending or staff physician.

150.007(D)(2)(b) The nursing care plan shall be initiated on admission and shall be based on the physician's medical care plan and the nursing assessment of patient needs.

177	II	III	CONTENT OF CARE PLAN	177

F171 405.1124(d)(2) The plan indicates care to be given and goals to be accomplished and which professional service is responsible for each element of care.

150.007(D)(2)(a) The nursing care plan shall be an organized, written daily plan of care for each patient. It shall include: diagnoses, significant conditions or impairments, medication, treatments, special orders, diet, safety measures, mental condition, bathing and grooming schedules, activities of daily living, the kind and amount of assistance needed, long-term and short-term goals, planned patient teaching programs, encouragement of patient's interests and desirable activities. It shall indicate what nursing care is needed, how it can best be accomplished, and what methods and approaches are most successful. This information shall be summarized on a cardex and be available for use by all personnel involved in patient care.

178	II	III	PLAN REVIEWED, EVALUATED, AND UPDATED AS REQUIRED	178

F172 405.1124(d)(3) The patient care plan is reviewed, evaluated, and updated as necessary by all professional personnel involved in the care of the patient.

T207 442.341(b) The plan is reviewed and revised as needed but at least quarterly.
(See #175)

150.007(D)(2)(g) Nursing care plans shall be reviewed, revised and kept current so that patient care constantly meets patient needs. Plans shall show written evidence of review and revision at least every 30 days in facilities that provide Level I or II care, and every 90 days in facilities that provide Level III care. Reviews of nursing care plans shall be performed in conjunction with reviews of other aspects of the patient's total health care.

179	II	III	PERSONNEL KNOWLEDGE OF PLAN	179

150.007(D)(2)(d) All personnel who provide care to a patient shall have a thorough knowledge of the patient's condition and the nursing care plan.

180	II	III	REHABILITATIVE NURSING CARE	180

F173 405.1124(e) STANDARD: REHABILITATIVE NURSING CARE.

T208 442.342. NURSING CARE. The ICF provides nursing care as needed including restorative nursing care.

150.007(E) Restorative nursing care.

181	II	PERSONNEL TRAINED	181

F174 405.1124(e)(1) Nursing personnel are trained in rehabilitative nursing.

182	II	III	REHABILITATIVE NURSING PROGRAM	182

F175 405.1124(e)(2) The facility has an active program of rehabilitative nursing care which is an integral part of nursing service and is directed toward assisting each patient to achieve and maintain an optimal level of self-care and independence.

150.007(E)(1) All facilities that provide Level I, II or III care shall provide a program of restorative nursing care as an integral part of overall nursing care. Restorative nursing care shall be designed to assist each patient to achieve or maintain the highest possible degree of function, self-care and independence.

183	II	III			DAILY REHABILITATIVE NURSING SERVICES - RECORDED	183
F176				405.1124(e)(3)	Rehabilitative nursing care services are performed daily for those patients who require such service, and are recorded routinely.	
				150.007(E)(2)	Nursing personnel shall provide restorative nursing services in their daily care of patients.	
184	II	III			REHABILITATIVE NURSING PROCEDURES	184
				150.007(E)(3)	Restorative nursing services shall include such procedures as	
185	II	III	F175 T193	405.1124(e)(2) 442.338(a)	ALIGNMENT, R.O.M., POSITIONING	185
				150.007(E)(3)(a)	Maintaining good body alignment, keeping range of motion of weak or paralyzed limbs, proper positioning and support with appropriate equipment--particularly of bedfast or wheel chair patients.	
186	II	III	F175 T193	405.1124(e)(2) 442.338(a)	CHANGE POSITIONS	186
				150.007(E)(3)(b)	Encouraging and assisting bedfast patients to change positions at least every two hours during waking hours (7 a.m. to 10 p.m.) in order to stimulate circulation, and prevent decubiti and contractures.	
187	II	III	F175 T193	405.1124(e)(2) 442.338(a)	PREVENTIVE SKIN CARE	187
				150.007(E)(3)(c)	Maintaining a program of preventive skin care.	

188	II	III	F175 T193	405.1124(e)(2) 442.338(a)	ACTIVE AND OUT OF BED	188
				150.007(E)(3)(d)	Assisting patients to keep active and out of bed for reasonable periods of time except when contraindicated by physician's orders or the patient's condition.	
189	II	III	F175 T193	405.1124(e)(2) 442.338(a)	BOWEL AND BLADDER TRAINING	189
				150.007(E)(3)(e)	Maintaining a bowel and bladder training program.	
190	II	III	F175 T193	405.1124(e)(2) 442.338(a)	ADJUSTMENT TO DISABILITIES	190
				150.007(E)(3)(f)	Assisting patients to adjust to any disabilities and to redirect their interests if necessary.	
191	II	III	F175 T193	405.1124(e)(2) 442.338(a)	ASSISTANCE WITH THERAPY EXERCISES	191
				150.007(E)(3)(g)	Assisting patients to carry out prescribed physical therapy, occupational therapy and speech, hearing and language therapy exercises between visits by the therapist.	
192	II	III	F175 T193	405.1124(e)(2) 442.338(a)	ASSISTANCE WITH GENERAL EXERCISES AND ACTIVITIES	192
				150.007(E)(3)(h)	Assisting patients to maintain or restore function and activity through proper general exercises and activities appropriate to their condition.	

193	II	III	F175 T193	405.1124(e)(2) 442.338(a)	ASSISTANCE WITH A.D.L.	193

150.007(E)(3)(i) Assisting and teaching the activities of daily living (such as feeding, dressing, grooming and toilet activities).

150.015(B)(4) Patients and residents shall be encouraged and assisted to dress and move about from sleeping quarters to sitting rooms, dining areas and out-of-doors when their condition permits.

194	II	III	F175 T193	405.1124(e)(2) 442.338(a)	COORDINATION WITH OTHER SERVICES	194

150.007(E)(3)(j) Coordinating restorative nursing services with restorative services, activity programs and other patient care services.

195	II			SUPERVISION OF PATIENT NUTRITION	195

F177 405.1124(f) STANDARD: SUPERVISION OF PATIENT NUTRITION.

196	II	III IV	T193	442.338(a)	PERSONNEL AWARE NUTRITIONAL NEEDS	196

F178 405.1124(f)(1) Nursing personnel are aware of the nutritional needs and food and fluid intake of patients and assist promptly where necessary in the feeding of patients.

150.007(F)1) Nursing personnel shall have knowledge of the dietary needs, food and fluid intake and special dietary restrictions of patients and shall see that patients are served diets as prescribed. Patients' acceptance of food shall be observed, and any significant deviation from normal food or fluid intake or refusal of food shall be reported to the nurse in charge and the food service supervisor or dietitian.

197	II		PROCEDURE REGARDING NOTIFICATION OF DIETETIC SERVICE	197
F179		405.1124(f)(2)	A procedure is established to inform the dietetic service of physicians' diet orders and patients' dietetic problems.	
198	II		INTAKE DEVIATIONS RECORDED AND REPORTED	198
F180		405.1124(f)(3)	Food and fluid intake of patients is observed, and deviations from normal are recorded and reported to the charge nurse and the physician.	
199	II	III	ASSISTANCE IN EATING - SELF-HELP EATING DEVICES	199
T165		442.331(c) (See #232)	Special eating equipment and utensils are provided for residents who need them.	
		150.007(F)(2)	Patients requiring assistance in eating shall receive adequate assistance. Help shall be assigned promptly upon receipt of meals, and adaptive self-help devices shall be provided when necessary.	

200	II	III	ADMINISTRATION OF DRUGS	200

F181 405.1124(g) STANDARD: ADMINISTRATION OF DRUGS.

T189 442.337 ADMINISTERING MEDICATIONS.

201	II	III	DRUGS ADMINISTERED BY QUALIFIED PERSONNEL	201

F182 405.1124(g)(1) Drugs and biologicals are administered only by physicians, licensed nursing personnel, or by other personnel who have completed a State-approved training program in medication administration.

T190 442.337(a) (See #200) Prior to administering any medications to a resident, the staff member administering medications must have completed a State-approved training program in medication administration.

150.008(C)(1) Every medication administered in a facility shall be administered by a physician, registered nurse, or licensed practical nurse, except as provided in 105 CMR 150.008(C)(2).

202	II	III	IV	RELEASE OF MEDICATIONS	202

150.008(B)(4) Medications may be released to patients or residents on discharge only on the written authorization of a physician. Otherwise they shall be held for disposal (105 CMR 150.008(D)(13).

203	II	III	IV	SELF-ADMINISTRATION	203

T191 442.337(b) (See #200) Self-administration of medications is allowed only with permission of the resident's attending physician.

150.008(C)(2) In a Level IV unit, any oral medication, other than a controlled substance under the Federal Comprehensive Drug Abuse Prevention and Control Act, and any of the following controlled substances, chlordiazepoxide, diazepam, oxazepam, clorazepate, flurazepam, clonazepam, chloral hydrate, and phenobarbital when used in the treatment of seizure disorders, may be administered by a responsible person or may be self-administered if so authorized by a physician order. Notwithstanding a physician's authorizing order, however, a licensee shall not permit self-administration by any resident, where, in his judgment, this practice would endanger another resident or other residents. All medication which is to be self-administered shall be kept in the resident's room in a locked cabinet or in a locked drawer. In the case of a resident with a history of mental illness, a self-administration order must be supported by a written finding by the physician that the resident has the ability to manage the medication on this basis. Every self-administration order shall be reconsidered as part of the periodic review of medications under 105 CMR 150.008(B)(2).

204	II	PROCEDURES TO INSURE DRUG CHECK	204

F183 405.1124(g)(2) Procedures are established by the pharmaceutical services committee (see 405.1127(d) to ensure that drugs are checked against physicians' orders.

205	II	III	IV			CARDS AND TRAYS		205
					150.008(C)(5)	Individual medication cards shall be provided for each medication for each patient. Cards shall be used when administering medications and checked against the physicians' orders. Adequate medicine trays shall be provided.		
206	II					PATIENT IDENTIFIED		206
F184					405.1124(g)(3)	The patient is identified prior to administration of a drug.		
207	II					INDIVIDUAL MEDICATION RECORD		207
F185					405.1124(g)(4)	Each patient has an individual medication record.		
208	II	III	IV	T119	442.318(c)(5)	PROPERLY RECORDED BY PERSON WHO ADMINISTERED		208
F186					405.1124(g)(5)	The dose of a drug administered to that patient is properly recorded therein by the person who administers the drug.		
					150.008(C)(3)	All medications shall be accurately recorded and accounted for at all times, and each dose of medication administered shall be properly recorded in the clinical record with the signature of the administering nurse or responsible person.		

209	II			PROMPT ADMINISTRATION	209
F187			405.1124(g)(6)	Drugs and biologicals are administered as soon as possible after doses are prepared.	
210	II			ADMINISTERED BY PERSON WHO PREPARES	210
F188			405.1124(g)(7)	Administered by the same person who prepared the doses for administration, except under single unit dose package distribution systems. (See 405.1101(h).	
211	II	III	IV	MEDICATION REFERENCE BOOK	211
			150.008(C)(7)	A current medication reference book shall be provided in the facility at each nurse's or attendant's station.	
212	II	III		CONFORMANCE WITH PHYSICIANS' DRUG ORDERS	212
F189		405.1124(h)	STANDARD: CONFORMANCE WITH PHYSICIANS' DRUG ORDERS.		
T178			442.334	ORDERS FOR MEDICATIONS.	
213	II	III	IV	PHYSICIAN'S ORDERS FOR MEDICATIONS	213
F190			405.1124(h)(1)	Drugs are administered in accordance with written orders of the attending physician.	
T179			442.334(a) (See #212)	Only the resident's attending or staff physician orders medication for the resident.	
			150.008(B)	There shall be a current written order by a physician in the Doctor's Order Book for all medications or drugs administered to patients or residents.	

214	II	III	IV	REVIEW MEDICATIONS BY M.D. - LICENSED NURSE AS REQUIRED		214
T186				442.336	REVIEW OF MEDICATIONS.	
				150.008(B)(2)	A licensed nurse and the attending physician together shall review each patient or resident's medications in conjunction with the routinely scheduled comprehensive review of the patient's or resident's conditon. Such reviews shall be scheduled at least as often as follows: Level I or II, every 30 days; Level III, every 90 days; Level IV, every 6 months.	
215	III			MONTHLY REVIEW MEDICATIONS - R.N.		215
T187				442.336(a) (See #214)	A registered nurse reviews monthly each resident's medications and notifies the pnysician when changes are appropriate.	
216	II	III	IV	IMPLEMENTATION OF STOP ORDER POLICIES		216
F191				405.1124(h)(2)	Drugs not specifically limited as to time or number of doses when ordered are controlled by automatic stop orders or other methods in accordance with written policies	
T183 T184 T185				442.335	METHODS TO CONTROL MEDICATION DOSAGE. Medications not specifically limited as to time or number of doses when ordered are controlled by automatic stop orders or other methods in accordance with written policies and procedures. These procedures include notice to the attending physician that the medication is being stopped as of a certain date or after a certain number of doses.	
				150.008(B)(3)(c)	Orders for medications and treatments shall be in effect for the specific number of days indicated by the physician. Medications not specifically limited to time or number of doses by the physician shall automatically be stopped in accordance with the facility's stop order policies or, in the absence of such policies, at the end of 30 days. The physician shall be contacted for renewal of orders or other instructions.	

217	II	III	IV	72 HOURS OR 14 DAYS	217

150.008(B)(3)(b) Orders shall not exceed the limits of 72 hours for narcotics and 14 days for stimulants, depressants, antibiotics and anticoagulants unless specified in writing by the attending physician.

218	II	III	IV	VERBAL AND TELEPHONE ORDERS RECORDED, SIGNED AS REQUIRED	218

F192 405.1124(h)(3) Physician's verbal orders for drugs are given only to a licensed nurse, pharmacist, or physician and are immediately recorded and signed by the person receiving the order. (Verbal orders for Schedule II drugs are permitted only in the case of a bona fide emergency situation.) The order may be either oral or written.

T180 442.334(c)(1) (See #212) Physician's oral orders for prescription drugs are given only to a licensed nurse, pharmacist, or physician.

150.008(B)(1) Verbal or telephone orders shall be given only to a licensed nurse (or responsible person in facilities that provide only Level IV care), shall be immediately recorded in writing and signed by the same nurse or responsible person. All verbal or telephone orders shall be countersigned by a physician within 48 hours except for cathartics, aspirin and buffered aspirin.

219	II	III	COUNTER-SIGNED WITHIN 48 HOURS	219

F193 405.1124(h)(4) Such orders are countersigned by the attending physician within 48 hours.

T181
T182 442.334(c)(2) (See #212) All oral orders for medication are recorded and signed immediately by the person receiving them; and are countersigned by the attending physician in a manner consistent with good medical practice.

220	II			PHYSICIAN NOTIFIED STOP ORDER - PRIOR LAST DOSE		220
F194		405.1124(h)(5)	The attending physician is notified of an automatic stop order prior to the last dose so that the physician may decide if the administration of the drug or biological is to be continued or altered.			
221	II			STORAGE DRUGS AND BIOLOGICALS		221
F201		405.1124(i)	STANDARD: STORAGE OF DRUGS AND BIOLOGICALS.			
222	II	III	IV	PROCEDURES FOR STORAGE - DISPOSAL		222
F202		405.1124(i)(1)	Procedures for storing and disposing of drugs and biologicals are established by the pharmaceutical services committee.			
			150.008(D)(13)	Following a patient or resident's death, transfer or discharge, all drugs prescribed for that individual, if not transferred with him, shall be disposed of as directed by the Department.		
223	II	III	IV	LOCKED COMPARTMENT - PROPER TEMPERATURE		223
F203		405.1124(i)(2)	In accordance with State and Federal laws, all drugs and biologicals, are stored in locked compartments under proper temperature controls.			
			150.008(D)(5)	Medications requiring refrigeration shall be properly refrigerated and kept in a separate, locked box within a refrigerator at or near the nurses or attendants' station.		

224	II	III	IV	F394 T177	405.1134(d)(1) 442.333(b)	LOCKED MEDICINE CABINET	224

150.008(D)(1) All facilities shall provide a locked medicine cabinet or closet of a type approved by the Department within the nurses or attendants' station for the proper storage of all patients or residents' drugs except those approved for self-administration. Such cabinets or closets shall be used exclusively for the storage of medications and equipment required for the administration of medications.

225	II	III	IV	F394 T177	405.1134(d)(1) 442.333(b)	STORAGE OF EXTERNAL MEDICATIONS	225

150.008(D)(6) Poisons and medications for "external use only," including rubbing alcohol, shall be kept in a locked cabinet or compartment separate and apart from internal medications.

226	II	III	IV	NO DRUGS IN PATIENTS' ROOMS	226

150.008(D)(7) Medications shall not be stored in patient or residents' rooms, except drugs approved for self-administration.

227	II	III	IV	KEYS IN CUSTODY OF LICENSED NURSE OR RESPONSIBLE PERSON	227

F204 405.1124(i)(3) Only authorized personnel have access to the keys.

150.008(D)(8) The custody of all keys to the medicine cabinets or closets shall at all times be assigned to a licensed nurse (or a responsible person in facilities that provide only Level IV care).

228	II	III	IV	f177 442.333(b)	SEPARATELY, LOCKED COMPARTMENT - ACCOUNTABLE DRUGS	228

F205	405.1124(i)(4)	Separately locked, permanently affixed compartments are provided for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention & Control Act of 1970 and other drugs subject to abuse, except under single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.
	150.008(D)(4)	There shall be a separately locked, securely fastened compartment within the locked medicine cabinet or closet for the proper storage of prescribed controlled substances under the Federal Comprehensive Drug Abuse Prevention and Control Act.

229	II	III	EMERGENCY MEDICATION KIT	229

F206	405.1124(i)(5)	An emergency medication kit approved by the pharmaceutical services committee is kept readily available.
	150.008(E)	An emergency medication kit shall be provided in all facilities. The contents of the kit shall be approved by the Department. In accordance with Federal law, narcotics shall be excluded. The emergency medication kit shall be kept in a separate, sealed container, which shall be stored in a suitable place when not in use. Exception: Drugs requiring refrigeration shall be kept in a separate sealed container under proper refrigeration (150 CMR 150.008(D)(5) Each emergency medication kit shall be prepared, packaged, and sealed by a pharmacist and shall contain a list of contents on the outside cover and within the box. The medications contained in the emergency medication kit shall be used only upon the orders of a physician. After a kit has been opened, it shall be inspected, restocked and resealed by the pharmacist within 48 hours.

230	IV	FIRST AID KIT	230

	150.015(C)(8)	Facilities that provide only Level IV care shall provide a first aid kit in a convenient place. The contents of the kit shall be in accordance with the recommendations of the American Red Cross.

150.008(F) Facilities shall be permitted to stock those drugs and medical supplies that are approved as stock items or medicine chest items by the Department.

DIETARY SERVICES

232	II	III	IV	DIETARY SERVICES	232

F207 405.1125 DIETETIC SERVICES. The skilled nursing facility provides a hygienic dietetic service that meets the daily nutritional needs of patients, ensures that special dietary needs are met, and provides palatable and attractive meals. A facility that has a contract with an outside food management company may be found to be in compliance with this condition provided the facility and/or company meets the standards listed herein.

T162 442.331 MEAL SERVICE.

150.009(A) All facilities shall provide adequate dietary services to meet the daily dietary needs of patients and residents in accordance with written dietary policies and procedures.

233	II	III	ORGANIZATION OF DIETARY SERVICES	233

150.009(A)(1) Dietary services shall be directed by a food service supervisor and shall be organized with established lines of accountability and clearly defined job assignments.

234	II	III	IV	STAFFING	234

F208 405.1125(a) STANDARD: STAFFING.

150.009(B) All facilities shall provide sufficient numbers of adequately trained personnel to plan, prepare and serve the proper diets to patients or residents.

235	II	III	FULL-TIME FOOD SERVICE SUPERVISOR	235

F209 405.1125(a)(1) Overall supervisory responsibility for the dietetic service is assigned to a full-time qualified dietetic service supervisor.

T167 442.332(a) (See #245) The ICF has a staff member trained or experienced in food management or nutrition who is responsible for:

150.009(B)(2) Facilities that provide Level I, II or III care shall provide a full-time food service supervisor. He may be the cook or the chef, but he shall spend a portion of his time in management functions. Facilities that provide Level IV care shall provide a cook as needed to meet residents' dietary needs.

236	II	III	RESPONSIBILITIES	236

T168 T169 T171 442.332(a)(2) (See #245)

1. Planning meals that meet the nutritional needs of each resident.
2. Following the orders of the resident's physician.
3. Supervising the meal preparation and service to insure that the menu plan is followed.

150.009(B)(2)(a) The food service supervisor shall be responsible for supervising food service personnel, the preparation and serving of food and the maintenance of proper records.

237	II	III	ASSIGNED ALTERNATE	237

150.009(B)(2)(b) There shall be proper supervision of the dietary service during all hours of operation. When the food service supervisor is absent during hours when other food service personnel are on duty, a responsible person shall be assigned to assume his job functions.

238	II	III	QUALIFIED DIETITIAN - WRITTEN AGREEMENT	238

150.009(B)(1) A full or part-time dietitian shall be employed to direct and supervise the dietary services or there shall be a written agreement with a dietitian on a consultant basis to provide these services.

239	II	III		HOURS OF CONSULTATION	239
F210			405.1125(a)(2)	If the dietetic service supervisor is not a qualified dietitian, the dietetic service supervisor functions with frequent, regularly scheduled consultation from a person so qualified. (See 405.1121(i).)	
			150.009(B)(1)(a)	Facilities that provide Level I or II care shall provide a dietitian for a minimum of four hours a week for a single unit and an additional two hours per week for each additional unit.	
			150.009(B)(1)(b)	Facilities that provide Level III care shall provide a dietitian for a minimum of two hours per week for each unit.	
240	IV			ARRANGEMENTS AS NEEDED	240
			150.009(B)(1)(c)	Facilities that provide Level IV care shall have an arrangement for the provision of dietary services as needed.	
241	II	III	IV	WRITTEN RECORD	241
			150.009(B)(1)(e)	A written record shall be kept on file in the facility of dates, time, services rendered and recommendations made by the consultant	
242	II	III	IV	SUFFICIENT PERSONNEL - WORKING HOURS	242
F211			405.1125(a)(3)	In addition, the facility employs sufficient supportive personnel competent to carry out the functions of the dietetic service.	
			150.009(B)(3)	All facilities shall employ a sufficient number of food service personnel and their working hours shall be scheduled to meet the dietary needs of the patients.	

243	II	III	IV	ON DUTY OVER 12-HOUR PERIOD	243

F212 405.1125(a)(4) Food service personnel are on duty daily over a period of 12 or more hours.

150.009(B)(3)(a) Food service employees shall be on duty over a period of 12 or more hours.

244	II	III	IV	SUFFICIENT DURATION - FREQUENCY	244

F213 405.1125(a)(5) If consultant dietetic services are used, the consultant's visits are at appropriate times, and of sufficient duration and frequency to provide continuing liaison with medical and nursing staffs, advice to the administrator, patient counseling, guidance to the supervisor and staff of the dietetic service, approval of all menus, and participation in development or revision of dietetic policies and procedures and in planning and conducting in-service education programs (See 405.1121(h).

150.009(B)(1)(d) The visits of the dietitian shall be of sufficient duration and frequency to provide consultation, evaluation and advice regarding dietary personnel, menu planning, therapeutic diets, food production and service procedures, maintenance of records, training programs and sanitation.

245	II	III	IV	MENUS AND NUTRITIONAL ADEQUACY	245

F221 405.1125(b) STANDARD: MENUS AND NUTRITIONAL ADEQUACY. Menus are planned and followed to meet nutritional needs of patients in accordance with physicians' orders and, to the extent medically possible, in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council National Academy of Sciences.

T166 442.332 MENU PLANNING AND SUPERVISION.

150.009(D)(1) All diets shall conform to physicians' orders and to the extent medically possible, shall meet the dietary allowances of the Food and Nutrition Board of the National Research Council adjusted for age, sex, and activity.

246	II	III	IV	FOOD AND NUTRITION BOARD'S ALLOWANCES	246

T170

442.332(a)(3) (See #245) To the extent medically possible, following the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences (Recommended Dietary Allowances (8th ed., 1974). (Is available from the Printing and Publications Office, National Academy of Sciences, Washington, D.C., 20418).

150.009(D)(2) The minimum daily food allowance for adults shall be based on the following:

(a) Milk: Two or more cups as beverage or in food preparation.
(b) Meat Group: Two or more servings of beef, veal, pork, lamb, poultry, fish, cheese or eggs; occasionally, cooked dry beans, dry peas or nuts may be served as alternates. A serving shall be at least a 2-ounce edible portion of meat or its equivalent.
(c) Vegetable and Fruit Group: Four or more servings of fruits or vegetables per day, including: A citrus fruit or other fruit and vegetable important for Vitamin C; a dark green or deep yellow vegetable for Vitamin A, at least every other day; other vegetables and fruits including potatoes. Fruit flavored beverages with or without vitamins added shall not be considered a fulfillment of these requirements.
(d) Bread and cereal group: Four or more servings of whole grain, enriched or restored.
(e) Other foods to round out meals and snacks for individual appetites and to provide additional calories.

247	II	III	IV	MENUS PLANNED IN ADVANCE	247

150.009(F)(1) Menus shall be planned and written at least one week in advance. The current week's menus, including routine and special diets, and any substitutions or changes made shall be posted in one or more conspicuous places in the dietary department.

248	II	III	IV	RECORDS OF MENUS AS SERVED	248

T174 442.332(c) The ICF keeps for 30 days a record of each menu as served.
(See #245)

150.009(F)(2) Records of menus as served shall be filed and maintained for at least 30 days.

249	II	III	IV	ADEQUATE FOOD SUPPLY	249

150.009(F)(5) An adequate supply of food of good quality shall be kept on the premises at all times to meet patient or resident needs. This shall mean supplies of staple foods for a minimum of a one-week period and of perishable foods for a minimum of 48 hours.

250	II	III	IV	DISASTER FEEDING PLAN	250

150.009(F)(9) All facilities shall plan and post a Disaster Feeding Plan and staff shall be familiar with it. This plan shall include alternate methods and procedures to be used when equipment is not operable, including proper sanitation of dishes and utensils.

251	II			THERAPEUTIC DIETS	251

F222 405.1125(c) STANDARD: THERAPEUTIC DIETS.

252	II	III	IV	SPECIFIC DIETARY ORDERS PRESCRIBED BY PHYSICIAN	252

F223 405.1125(c)(1) Therapeutic diets are prescribed by the attending physician.

150.009(C)(3) All therapeutic diets shall be prescribed, dated and signed by the physician and shall be precise as to specific dietary requirements or limitations.

253	II	III	IV	PLANNED, PREPARED, SERVED AS ORDERED	253

F224 405.1125(c)(2) Therapeutic menus are planned in writing, and prepared and served as ordered, with supervision or consultation from the dietitian and advice from the physician whenever necessary.

T172
T173 442.332(b) (See #245) For residents who require medically prescribed special diets, the ICF has menus for those residents planned by a professionally qualified dietitian, or reviewed and approved by the attending physician; and supervises the preparation and serving of meals to insure that the resident accepts the special diet.

150.009(C)(1) All facilities that accept or retain patients or residents in need of special or therapeutic diets shall provide for such diets to be planned, prepared and served as prescribed by the attending physician.

150.009(C)(2) All therapeutic diets shall be planned, prepared and served with consultation from a dietitian.

254	II	III	IV	CURRENT DIET MANUAL	254

F225 405.1125(c)(3) A current therapeutic diet manual approved by the dietitian is readily available to attending physicians and nursing and dietetic service personnel.

150.009(C)(4) A current diet manual shall be readily available to attending physician, dietary service personnel and the supervisor of the nursing services. There shall be evidence from the diets served that the manual is used and related to posted diets.

255	II	III	IV	REVIEWED AS REQUIRED	255

150.009(C)(6) The dietitian and food service supervisor in conjunction with the nursing staff and other relevant personnel shall review therapeutic diets (with particular attention to their acceptance by the patient) and shall make appropriate recommendations to the attending physician and other staff. Therapeutic diets shall be reviewed in facilities as follows: Level I and II, at least every 30 days and more frequently if indicated. Level III, at least every three months. Level IV, at least every six months.

256	II	III	IV	IDENTIFICATION OF PATIENTS - DIETARY RECORDS	256

150.009(C)(8) Patients to whom therapeutic diets are served shall be identified in the dietary records.

257	II	III	IV	FREQUENCY OF MEALS	257

F230 405.1125(d) STANDARD: FREQUENCY OF MEALS.

150.009(E)(1) At least three meals that are nutritious and suited to special needs of patients and residents shall be served daily.

258	II	III	IV	THREE MEALS - 14-HOUR SPAN	258

F231 405.1125(d)(1) At least three meals or their equivalent are served daily, at regular hours, with not more than a 14-hour span between substantial evening meal and breakfast.

T1 63 442.331(a) (See #232) At least three meals or their equivalent are served each day at regular times, with no more than 14 hours between a substantial evening meal and breakfast.

150.009(E)(2) Meals shall be served at regular times with not more than a 15-hour span between a substantial evening meal and breakfast. Breakfast shall not be served before 7 a.m.; the evening meal shall not be served before 5 p.m. When a five-meal plan is in effect, the main evening meal shall not be served before 4:00 p.m.

259	II	III	IV	SNACKS AND BEDTIME NOURISHMENT	259

F232 405.1125(d)(2) To the extent medically possible, bedtime nourishments are offered routinely to all patients.

150.009(E)(3) Appropriate between-meals snacks and bedtime nourishment shall be offered to each patient or resident.

260	II	III		PREPARATION AND SERVICE OF FOOD - SANITARY CONDITIONS	260

F237 405.1125(e) STANDARD: PREPARATION AND SERVICE OF FOOD.

T164 442.331(b) Food is procured, stored, prepared, and distributed under sanitary conditions.
(See #232)

150.009(G) Preparation and serving of food.

261	II	III	IV	PREPARATION OF FOOD - PROPER TEMPERATURE	261

F238 405.1125(e)(1) Foods are prepared by methods that conserve nutritive value, flavor, and appearance, and are attractively served at the proper temperatures and in a form to meet individual needs.

150.009(G)(1) All foods shall be prepared by methods that conserve the nutritive value, flavor and appearance.

150.009(G)(6) Equipment shall be provided and procedures established to maintain food at a proper temperature during serving and transportation. Hot foods shall be hot, and cold foods cold, when they reach the patient or residents.

262	II			SUBSTITUTES	262

F239 405.1125(e)(2) If a patient refuses food served, appropriate substitutes of similar nutritive value are offered.

263	II	III	IV	TRAY SERVICE	263
				150.009(G)(9)	Trays. Food shall be served on dishes and shall not be in direct contact with trays; trays shall be washable and of a type that can be sanitized; flat trays shall be served with a washable or disposable tray mat; trays shall be large enough to accommodate all of the dishes necessary for a complete meal, arranged and served attractively; trays set up in advance of mealtime shall be adequately covered to prevent contamination and shall not contain perishable food; trays shall be stored in a clean and sanitary manner; there shall be a tray tag in a holder on each tray; trays shall rest on firm supports such as overbed tables for bedfast patients or sturdy tables or tray stands of proper height for patients able to be out of bed; T.V. tray stands are not permitted.
264	II	III	IV	ADEQUATE SUPPLY - DISHES, ETC.	264
				150.009(G)(11)	An adequate supply of trays, glassware, dishes, and flatware for individual patient or resident use shall be available at all times. Discolored, chipped, or cracked dishes, glassware or trays shall not be used. Flatware of good quality shall be provided and kept in good condition.
265	II	III	IV	NAPKINS	265
				150.009(G)(13)	Clean napkins shall be provided for all patients or residents at all meals, between-meal snacks and bedtime nourishment.

266	II	III	IV	HYGIENE OF STAFF	266

F240 405.1125(f) STANDARD: HYGIENE OF STAFF.

150.009(B)(4) All food service personnel shall be in good health, shall practice hygienic food handling techniques and shall conform to the regulations of the "Minimum Sanitation Standards for Food Service Establishments," Article X of the State Sanitary Code (105 CMR 595.000).

150.009(B)(4)(a) All food service personnel shall wear clean, washable garments, shoes, hairnets or clean caps, and keep their hands and fingernails clean at all times.

267	II	III	IV	FREE OF COMMUNICABLE DISEASE	267

F241 405.1125(f)(1) Dietetic service personnel are free of communicable diseases.

150.009(B)(4)(b) Personnel having symptoms of communicable disease, including acute respiratory infections, open infected wounds, or known to be infected with any disease in a communicable form or in a carrier state, shall not be permitted to work.

268	II	HYGIENIC FOOD HANDLING TECHNIQUES	268

F242 405.1125(f)(2) They practice hygienic food-handling techniques.

269	II	RESTRICTIONS REGARDING OUTSIDE ASSIGNMENTS	269

F243 405.1125(f)(3) In the event food service employees are assigned duties outside the dietetic service, these duties do not interfere with the sanitation, safety, or time required for dietetic work assignments. (See 405.1121(g)

150.009(B)(3)(c) In facilities that provide Level I or II care, food service employees shall not regularly be assigned to duties outside the dietary department.

270	II	III	IV	T164	442.331(b)	SANITARY CONDITIONS MAINTAINED	270

F244 405.1125(g) STANDARD: SANITARY CONDITIONS.

150.009(I)(1) Sanitary conditions shall be mainted in all aspects of the storage, preparation and distribution of food.

271	II	FOOD PROCUREMENTS 271

F245 405.1125(g)(1) Food is procured from sources approved or considered satisfactory by Federal, State, or local authorities.

272	II	III	IV	T164	442.331(b)	FOOD HANDLING	272

F246 405.1125(g)(2) Stored, prepared, distributed, and served under sanitary conditions.

150.009(I)(2) All utensils, equipment, methods of cleaning and sanitizing, storage of equipment or food, the habits and procedures of food handlers, rubbish and waste disposal, toilet facilities and other aspects of maintaining healthful, sanitary and safe conditions relative to food storage, preparation and distribution shall be in compliance with local health codes and the "Minimum Sanitation Standards for Food Service Establishments," Article X of the State Sanitary Code.

273	II	WASTE DISPOSAL 273

F247 405.1125(g)(3) Waste is disposed of properly.

274	II	III	IV	T164	442.331(b)	FREEZER FOOD	274
					150.009(F)(6)	All food shall be maintained at safe temperatures. Food that is stored in a freezer shall be wrapped, identified, and labeled with the date received and shall be used within the safe storage time appropriate to the type of food and the storage temperature. If not used within an appropriate time limit, the food shall be discarded.	
275	II	III	IV	T164	442.331(b)	FOOD TRANSPORTATION	275
					150.009(I)(13)	Food shall be transported from main kitchens to auxiliary kitchens and to patients in suitable containers or conveyors.	
276	II	III	IV			WRITTEN INSPECTION RECOMMENDATIONS IMPLEMENTED	276
F248					405.1125(g)(4)	Written reports of inspections by State and local health authorities are on file at the facility, with notation made of action taken by the facility to comply with any recommendations.	
					150.009(I)(14)	Written reports of inspections by State and local health authorities shall be kept on file in the facility with the notations made of action taken by the facility to comply with any recommendations.	

277 II III IV DISPOSABLE DISHES - PROPER USE 277

150.009(H) Single service disposable dishes, cups, or cutlery shall not be used except as follows:

On a regular basis: Only for between meal food services; in the preparation of individual servings of gelatin desserts, gelatin salads, and puddings; in serving fruit juices, vegetable juices, milk, water, and plastic holders with disposable inserts for use with hot beverages; and in serving relishes, jellies, condiments and seasonings.

On a temporary basis: For an individual with an infectious illness, or when kitchen areas are being remodelled, providing that prior approval for use over a specified period of time has been received from the Department.

Disposable single service items shall comply with the following:

1. Cups, dishes, and bowls shall be made of non-absorbent materials, such as molded or formed plastic and coated paper.
2. Single service items shall be rigid and sturdy.
3. Single service items shall be coordinated according to color and design and shall be aesthetically appealing.
4. Disposable flatware shall be full sized and heavy weight.
5. Single service items shall be used only once and then discarded.
6. All single service items shall be stored according to the manufacturer's instructions and handled and dispensed in a sanitary manner.

278 II III IV WRITTEN PROCEDURES - CLEANING, ETC. 278

150.009(I)(3) Effective written procedures for cleaning, disinfecting and sanitizing all equipment and work areas shall be developed and followed consistently so that all equipment, including pots and pans, and work areas are clean and sanitary at all times.

150.009(I)(8) Poisonous and toxic materials shall be stored in locked cabinets that are used for no other purpose, or in a place that is separate from all food storage areas, food preparation areas and clean equipment and utensils.

SPECIALIZED REHABILITATIVE SERVICES

280	II	III	SPECIALIZED REHABILITATIVE SERVICES	280

F249 405.1126 SPECIALIZED REHABILITATIVE SERVICES. In addition to rehabilitative nursing (405.1124(e), the skilled nursing facility provides, or arranges for, under written agreement, specialized rehabilitative services by qualified personnel (i.e., physical therapy, speech pathology and audiology, and occupational therapy) as needed by patients to improve and maintain functioning. These services are provided upon the written order of the patient's attending physician. Safe and adequate space and equipment are available, commensurate with the services offered. If the facility does not offer such services directly, it does not admit nor retain patients in need of this care unless provision is made for such services under arrangement with qualified outside resources under which the facility assumes professional responsibilities for the services rendered. (See 405.1121(i)

T209 442.343 REHABILITATIVE SERVICES.

281	II	ORGANIZATION AND STAFFING	281

F250 405.1126(a) STANDARD: ORGANIZATION AND STAFFING.

282	III	IV	ARRANGEMENTS FOR SERVICES - WRITTEN AGREEMENT	282

T 210
T 211

442.343(a) The ICF provides rehabilitative services for each resident as needed.
442.343(b) The ICF either provides these services itself or arranges for them with a
(See #280) qualified outside resource.

150.010(B)(3) Facilities that provide Level III or IV care should make arrangements for restorative therapy services when needed by patients or residents.

283	II	III	QUALIFIED THERAPISTS	283

F251

405.1126(a)(1) Specialized rehabilitative services are provided, in accordance with accepted professional practices, by qualified therapists or by qualified assistants or other supportive personnel under the supervision of qualified therapists.

T215
T216

442.343(d) The rehabilitative services are provided by qualified therapists or qualified
(See #280) assistants as defined in 42 CFR 405.1101(m), (n), (q), (r). and (t) in accordance with accepted professional practice or other supportive personnel under appropriate supervision.

150.010(D) All restorative therapy services shall be provided or supervised by therapists as defined in 105 CMR 150.001(T), 150.001(U) and 150.001(V).

284	II	III	ADDITIONAL PERSONNEL	284

150.010(E)(3) In addition to indirect services, therapists and supportive restorative services personnel shall be provided in sufficient numbers and with sufficient skills to provide direct services to meet patients' or residents' needs. Supportive personnel shall be appropriately supervised.

285	II		OTHER REHABILITATION SERVICES	285
F252		405.1126(a)(2)	Other rehabilitative services also may be provided, but must be in a facility where all rehabilitative services are provided through an organized rehabilitative service under the supervision of a physician qualified in physical medicine who determines the goals and limitations of these services and assigns duties appropriate to the training and experience of those providing such services.	
286	II	III	WRITTEN POLICIES AND PROCEDURES	286
F253		405.1126(a)(3)	Written administrative and patient care policies and procedures are developed for rehabilitative services by appropriate therapists and representatives of the medical, administrative, and nursing staffs.	
		150.010(A)	Facilities that provide Levels I, II or III care shall establish written policies and procedures governing the delivery of restorative services	
287	II		INDIRECT SERVICE HOURS	287
		150.010(E)(2)	Facilities that provide Level II care shall provide a physical therapist and an occupational therapist, each for a minimum of four hours per month for each unit for indirect services (such as consultation). Speech, hearing, and language therapists shall be provided as needed.	
288	II	III	PROVISION OF REHABILITATIVE SERVICES PURPOSE	288
F254		405.1126(b)	PROVISION OF REHABILITATIVE SERVICES.	
T212 T213 T214		442.343(c) (See #280)	The rehabilitative services are designed to: Maintain and improve the resident's ability to function independently; prevent as much as possible, advancement of progressive disabilities; and restore maximum function.	

289	II	III	PLAN OF CARE	289

F255 405.1126(b) Rehabilitative services are provided under a written plan of care, initiated by the attending physician and developed in consultation with appropriate therapist(s) and the nursing service.

T 217 442.343(e) Rehabilitative services are provided under a written plan of care that is
T 218 442.343(e)(1) developed in consultation with the attending physician and, if necessary, an ap-
(See #280) propriate therapist.

290	II	III	ORDERED BY PHYSICIAN	290

F256 405.1126(b)(2) Therapy is provided only upon written orders of the attending physician.

T 219 442.343(e)(2) Services are based on the attending physician's orders and an assessment of the resident's needs.
(See #280)

150.010(C) Direct restorative therapy services shall be provided only upon written order of a physician who shall indicate anticipated goals and frequency of treatments. Treatment shall be initiated within three days of physician's order.

291	II	PROGRESS REPORT TO PHYSICIAN - TWO WEEKS	291

F257 405.1126(b)(3) A report of the patient's progress is communicated to the attending physician within 2 weeks of the initiation of specialized rehabilitative services.

292	II	III	REVIEWED - REVISED - AS REQUIRED	292

F258 405.1126(b)(4) The patient's progress is thereafter reviewed regularly, and the plan of rehabilitative care is reevaluated as necessary, but at least every 30 days, by the physician and the therapist.

T220 442.343(f) The resident's progress under the plan is reviewed regularly and the plan is
(See #280) changed as necessary.

293	II		DOCUMENTATION OF SERVICES	293
F259		405.1126(c)	STANDARD: DOCUMENTATION OF SERVICES. The physicians' orders, the plan of rehabilitative care, services rendered, evaluations of progress, and other pertinent information are recorded in the patients' medical record, and are dated and signed by the physician ordering the service and the person who provided the service.	
294	II		INDIRECT SERVICES DOCUMENTED	294
		150.010(F)(1)	Indirect services provided shall be documented by a written summary available for inspection in the facility.	
295	II	III	DIRECT SERVICES DOCUMENTED	295
		150.010(F)(2)	Direct services records shall be filed in the patient's or resident's clinical record.	
296	II		OUTPATIENT PHYSICAL THERAPY SERVICES NA-NOT ALLOWED IN MASSACHUSETTS	296
F260 F261 F262		405.1126(d)	STANDARD: QUALIFYING TO PROVIDE OUTPATIENT PHYSICAL THERAPY SERVICES. If the facility provides outpatient physical therapy services, it meets the applicable health and safety regulations pertaining to such services as are included in Subpart Q of this part. (See 405.1719; 405.1720; 405.1722(a) and (b)(1),(2),(3)(i),(4),(5),(6), (7), and (8); and 405.1725.)	

PHARMACEUTICAL SERVICES

297	II			PHARMACEUTICAL SERVICES		297
F263	405.1127	PHARMACEUTICAL SERVICES. The skilled nursing facility provides appropriate methods and procedures for the dispensing and administering of drugs and biologicals. Whether drugs and biologicals are obtained from community or institutional pharmacists or stocked by the facility, the facility is responsible for providing such drugs and biologicals for its patients, insofar as they are covered under the programs, and for ensuring that pharmaceutical services are provided in accordance with accepted professional principles and appropriate Federal, State, and local laws. (See 405.1124(g),(h), and (i).				
298	II	III	IV	ACQUISITION OF DRUGS		298
				150.008(A)(2)	Provision shall be made for the prompt and convenient acquisition of prescribed drugs from licensed community, institutional or hospital pharmacies. Facilities shall make no exclusive arrangements for the supply or purchase of drugs; and patients or residents, their next of kin or sponsor may arrange for the purchase of prescribed medications from pharmacies of their own choice provided medications are dispensed and labeled as specified in these Rules and Regulations.	
299	II			SUPERVISION OF SERVICES		299
F264		405.1127(a) STANDARD: SUPERVISION OF SERVICES.				
300	II	III		QUALIFIED PHARMACIST		300
F265			405.1127(a)(1)	The pharmaceutical services are under the general supervision of a qualified pharmacist.		
T175 T176 T177			442.333	LICENSED PHARMACIST. The ICF employs a licensed pharmacist or has formal arrangements with a licensed pharmacist to advise the ICF on ordering, storage, administration, disposal, and recordkeeping of drugs and biologicals.		

301	II		RESPONSIBILITY TO ADMINISTRATIVE STAFF	301
F266		405.1127(a)(2)	The pharmacist is responsible to the administrative staff for developing, coordinating, and supervising all pharmaceutical services.	
302	II		SUFFICIENT HOURS	302
F267		405.1127(a)(3)	The pharmacist (if not a full-time employee) devotes a sufficient number of hours, based upon the needs of the facility, during regularly scheduled visits to carry out these responsibilities.	
303	II		DRUG REVIEW - EACH PATIENT	303
F268		405.1127(a)(4)	The pharmacist reviews the drug regimen of each patient at least monthly, and reports any irregularities to the medical director and administrator	
304	II		QUARTERLY REPORT	304
F269		405.1127(a)(5)	The pharmacist submits a written report at least quarterly to the pharmaceutical services committee on the status of the facility's pharmaceutical service and staff performance.	
305	II		CONTROL AND ACCOUNTABILITY	305
F272		405.1127(b)	STANDARD: CONTROL AND ACCOUNTABILITY.	

306	II			PROCEDURE - ACCOUNTABILITY	306
F273		405.1127(b)(1)	The pharmaceutical services has procedures for control and accountability of all drugs and biologicals throughout the facility.		
307	II	III	IV	USE OF APPROVED DRUGS	307
F274		405.1127(b)(2)	Only approved drugs and biologicals are used in the facility.		
		150.008(A)(3)	No drug or medication that has been removed from the market by the Food and Drug Administration shall be stocked or administered in any facility.		
308	II	III	IV	COMPLIANCE IN DISPENSING	308
F275		405.1127(b)(3)	They are dispensed in compliance with Federal and State laws.		
		150.008(A)(4)	Facilities shall comply with all Federal and State laws and regulations relating to the procurement, storage, dispensing, administration, recording and disposal of drugs.		
309	II	III	IV	RECORDS - CONTROLLED DRUGS MAINTAINED	309
F276		405.1127(b)(4)	Records of receipt and disposition of all controlled drugs are maintained in sufficient detail to enable an accurate reconciliation.		
		150.008(G)(2)	An individual narcotic and sedative record shall be maintained for each narcotic, sedative, amphetamine, barbiturate or other dangerous drug prescribed for each patient or resident. This record shall be kept in a bound book with numbered pages in a manner approved by the Department and shall include: Patient's or resident's name; Name of physician prescribing the medication; Name of medication, quantity prescribed, strength or dosage prescribed; the amount of medication received and the balance on hand; Date received, prescription number and name of pharmacy that dispensed medication; Date, time, dosage, and method of administration and signature of nurse who administered the medication.		

310	II	III	IV	PHARMACIST CHECK - NARCOTIC RECORD SIGNED	310

F277 405.1127(b)(5) The pharmacist determines that drug records are in order and that an account of all controlled drugs is maintained and reconciled.

150.008(G)(3) A recorded, dated count of controlled substances under the federal Comprehensive Drug Abuse Prevention and Control Act shall be checked by a nurse or responsible person going off duty on each shift in the presence of a nurse or responsible person reporting on duty and both shall sign the count in the Narcotic and Sedative Book with their legal signatures.

311	II	III	IV	RECORD OF DRUGS TRANSFERRED	311

150.008(G)(1) When drugs are transferred with a patient or resident, an accurate record shall be made at the time of discharge including the following: date, name, and new address of patient or resident; name of drug, strength, quantity, pharmacy and physician's name.

312	II	III	IV	PHARMACY RECORD BOOK	312

150.008(G)(4) All facilities shall maintain a Pharmacy Record Book which is bound with numbered pages and maintained in a form approved by the Department. All deliveries of prescribed medications shall be entered into this book and entries shall include: Patient's or resident's name; Name of physician prescribing the medication; Name of pharmacy dispensing medication; Name of medication, prescription number, quantity ordered, quantity received.

313	II	III	IV	LABELING OF DRUGS AND BIOLOGICALS	313

F278 405.1127(c) STANDARD: LABELING OF DRUGS AND BIOLOGICALS. The labeling of drugs and biologicals is based on currently accepted professional principles and includes the appropriate accessory and cautionary instructions as well as the expiration date when applicable.

150.008(D)(9) The label affixed to each individual medication container shall clearly indicate the patient's or resident's full name, physician's name, prescription number, name and strength of drug, quantity, dose, frequency and method of administration, date of issue, expiration date of all time-dated drugs, and name, address, and telephone number of pharmacy issuing the drug.

314	II	III	IV	PHARMACEUTICAL SERVICES COMMITTEE	314

F279 405.1127(d) STANDARD: PHARMACEUTICAL SERVICES COMMITTEE.

150.008(A)(1) Policies and procedures shall be developed with the advice of a committee of professional personnel including a physician, a pharmacist and a nurse.

315	II	III	IV	WRITTEN POLICIES AND PROCEDURES	315

F280 405.1127(d)(1) A pharmaceutical services committee (or its equivalent) develops written policies and procedures for safe and effective drug therapy, distribution, control and use.

150.008(A) All facilities shall maintain current written policies and procedures regarding the procurement, storage, dispensing, administration and recording of drugs and medications.

316	II			COMPOSITION OF COMMITTEE	316

F281 405.1127(d)(2) The committee is comprised of at least the pharmacist, the director of nursing services, the administrator, and one physician.

317	II	COMMITTEE RESPONSIBILITIES	317

F282	405.1127(d)(3)	The committee oversees pharmaceutical service in the facility, makes recommendations for improvement, and monitors the service to ensure its accuracy and adequacy.

318	II	MEETS QUARTERLY - WRITTEN REPORTS	318

F283	405.1127(d)(4)	The committee meets at least quarterly and documents its activities, findings and recommendations.

LABORATORY AND RADIOLOGICAL SERVICES

319	II			LABORATORY AND RADIOLOGICAL SERVICES		319
F286	405.1128	LABORATORY AND RADIOLOGIC SERVICES. The skilled nursing facility has provision for promptly obtaining required laboratory, X-Ray, and other diagnostic services.				
320	II			PROVISION FOR SERVICES		320
F287		405.1128(a)	STANDARD: PROVISION FOR SERVICES.			
321	NA			PROVISION OF OWN SERVICE		321
F288			405.1128(a)(1)	If the facility provides its own laboratory and X-Ray services, these meet the applicable conditions established for certification of hospitals that are contained in 405.1028 and 405.1029, respectively. (Not allowed in Massachusetts.)		
322	II	III	IV	ARRANGEMENTS - APPROVED SOURCES		322
F289			405.1128(a)(2)	If the facility itself does not provide such services, arrangements are made for obtaining these services from a physician's office, a participating hospital or skilled nursing facility, or a portable X-Ray supplier or independent laboratory which is approved to provide these services under the program.		
T110				442.317(c) (See #45)	The ICF maintains effective arrangements with outside resources for promptly providing medical and remedial services required by a resident but not regularly provided within the ICF.	
				150.006(F)(1)	Facilities shall make arrangements for the prompt and convenient performance of regular and emergency diagnostic, laboratory, X-Ray, and other clinical tests or procedures when ordered.	

323	II	III	IV	PHYSICIAN'S ORDER	323

F290	405.1128(a)(3)	All such services are provided only on the orders of the attending physician.
	150.006(F)(2)	All diagnostic services shall be ordered by a physician and he shall be promptly notified of the test results.

324	II	III	IV	PHYSICIAN NOTIFIED PROMPTLY	324

F291	405.1128(a)(4)	The attending physician is notified promptly of the findings.
	150.006(F)(2)	All diagnostic services shall be ordered by a physician and he shall be promptly notified of the test results.

325	II			TRANSPORTATION - ARRANGEMENTS	325

F292	405.1128(a)(5)	The facility assists the patient, if necessary, in arranging for transportation to and from the source of service.

326	II	III	IV	DIAGNOSTIC SERVICES - SIGNED, DATED REPORTS	326

F293	405.1128(a)(6)	Signed and dated reports of a clinical laboratory, X-Ray and other diagnostic services are filed with the patient's medical record.
	150.006(F)(3)	All findings and reports shall be recorded in the patient's or resident's clinical record.

327	NA	BLOOD AND BLOOD PRODUCTS	327

F296 405.1128(b) STANDARD: BLOOD AND BLOOD PRODUCTS.

(Not allowed in Massachusetts.)

328	NA	SAFE STORAGE AND HANDLING	328

F297 405.1128(b)(1) Blood handling and storage facilities are safe, adequate, and properly supervised.

(Not allowed in Massachusetts.)

329	NA	MEETS CONDITION - IF FACILITY PROVIDES	329

F298 405.1128(b)(2) If the facility provides for maintaining and transfusing blood and blood products, it meets the conditions established for certification of hospitals that are contained in 405.1028(j).

(Not allowed in Massachusetts.)

330	NA	MEETS CONDITION - IF NO SERVICE	330

F299 405.1128(b)(3) If the facility does not provide its own facilities, but does provide transfusion services alone, it meets at least the requirements of 405.1028(j)(1), (3), (4), (6), and (9).

(Not allowed in Massachusetts.)

DENTAL SERVICES

331	II	DENTAL SERVICES	331

F300 405.1129 DENTAL SERVICES. The skilled nursing facility has satisfactory arrangements to assist patients to obtain routine and emergency dental care (See 405.1121(i).

332	II	ADVISORY DENTIST	332

F301 405.1129(a) STANDARD: ADVISORY DENTIST.

333	II	PARTICIPATES IN IN-SERVICE	333

F302 405.1129(a)(1) An advisory dentist participates in the staff development program for nursing and other appropriate personnel (See 405.1121(h).

334	II	RECOMMENDS POLICIES AND PRACTICES	334

F303 405.1129(a)(2) The advisory dentist recommends oral hygiene policies and practices for the care of patients.

335	II	ARRANGEMENTS FOR OUTSIDE SERVICES	335

F304 405.1129(b) STANDARD: ARRANGEMENTS FOR OUTSIDE SERVICES.

336	II	AGREEMENT	336

F305 405.1129(b)(1) The facility has a cooperative agreement with a dental service.

337	II				MAINTAINS LIST	337
F306				405.1129(b)(2)	Maintains a list of dentists in the community for patients who do not have a private dentist.	
338	II				ARRANGEMENTS FOR TRANSPORTATION	338
F307				405.1129(b)(3)	The facility assists the patient, if necessary, in arranging for transportation to and from the dentist's office.	
339	II	III	IV		PROPER DENTAL CARE	339
				150.006(B)(1) 150.006(B)(2)	All patients and residents shall be assisted to obtain proper dental care including prophylactic, therapeutic and emergency dental services. Such services shall be rendered with the knowledge of the attending physician. All dental services shall be documented and recorded in the clinical record.	
340	II	III	IV		OTHER PROFESSIONAL SERVICES	340
				150.006(A)	Each patient or resident or (if he is not competent) his next of kin or sponsor shall have the right to designate other licensed practitioners of their choice.	
341	II	III	IV		FOOT CARE - FOOT WEAR	341
				150.006(C)(1)	All patients and residents shall have proper foot care and foot wear.	

150.006(D) Patients and residents shall be assisted to obtain other routine or special services as their needs may require, such as: Eye examinations and eye glasses; auditory testing and hearing aids.

SOCIAL SERVICES

343 II III SOCIAL SERVICES 343

F308 405.1130 SOCIAL SERVICES. The skilled nursing facility has satisfactory arrangements for identifying the medically related social and emotional needs of the patient. It is not mandatory that the skilled nursing facility itself provide social services in order to participate in the program. If the facility does not provide social services, it has written procedures for referring patients in need of social services to appropriate social agencies. If social services are offered by the facility, they are provided under a clearly defined plan, by qualified persons, to assist each patient to adjust to the social and emotional aspects of the patient's illness, treatment, and stay in the facility.

T221 442.344. SOCIAL SERVICES

344 II III FUNCTIONS, POLICIES, AND PROCEDURES 344

F309 405.1130(a) STANDARD: SOCIAL SERVICE FUNCTIONS.

T222 442.344(a) The ICF provides social services for each resident as needed.
(See #343)

150.011(A) Facilities that provide Level I, II or III care shall provide for appropriate and sufficient social services to meet the social and emotional needs of patients or residents in accordance with written policies and procedures.

345	II	III	SOCIAL SERVICE PLAN - PERIODICALLY EVALUATED	345

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442.344(d) These services are provided under a written plan of care that is placed in (See #343) the resident's record; and evaluated periodically in conjunction with the resident's overall plan of care.

150.011(G)(2) Social Service Plan--Prior to admission, or as soon as possible after admission, there shall be an evaluation of the patient's or resident's social needs and a plan shall be formulated and recorded for providing such care. This plan shall include information regarding pertinent personal, interpersonal and situational problems influencing management and probable duration of stay. To the extent possible, the plan shall be developed with the patient.

346	II	III	NEEDS IDENTIFIED - APPROPRIATE ACTION	346

F310 405.1130(a)(1) The medically related social service and emotional needs of the patient are identified.

T 32 442.307(b)(2) Except in an emergency, the ICF uses casework services or other means to (See #89) insure that adequate arrangements are made to meet the resident's needs through other resources.

150.011(G)(3) Social service needs of patients or residents shall be identified on admission and services provided to meet these during treatment and care in the facility and in planning for discharge.

347	II	III	SERVICES PROVIDED	347

F311 405.1130(a)(2) Services are provided to meet them, either by qualified staff of the facility, or by referral, based on established procedures, to appropriate social agencies.

T 223 442.344(b) The ICF either provides these services itself or arranges for them with (See #343) qualified outside resources.

348	II	III	IV	FINANCIAL HELP	348

F312 405.1130(a)(3) If financial assistance is indicated, arrangements are made promptly for referral to an appropriate agency.

150.011(G)(4) Assistance shall be provided every resident or patient directly or through referral to, or consultation with, an appropriate agency when there are indications that financial help is needed.

349	II	INFORMED PERSONAL AND PROPERTY RIGHTS	349

F313 405.1130(A)(4) The patient and family or responsible person are fully informed of the patient's personal and property rights.

350	II	III	STAFFING	350

F314 405.1130(b) STANDARD: STAFFING.

150.011(B) Social services shall be provided either directly by personnel employed by the facility or through written contracts with public or private social agencies, hospitals, clinics or other institutions, or with individual social workers, provided that services meet the requirements set out herein, and that services are administered in accordance with the facility's policies and procedures.

351	II	III	STAFF PERSON DESIGNATED	351

F315 405.1130(b)(1) If the facility offers social services, a member of the staff of the facility is designated as responsible for social services.

T 224 442.344(c) The ICF designates one staff member, qualified by training or experience, to
T225 (See #343) be responsible for arranging for social services and integrating social services with other elements of the plan of care.

150.003(E)(2) Facilities that provide Level I, II or III care shall designate a member of the permanent or consultant staff to be responsible for transfer and discharge planning.

352	II	III	WRITTEN AGREEMENT - QUALIFIED SOCIAL WORKER	352

F316 405.1130(b)(2) If the designated person is not a qualified social worker, the facility has a written agreement with a qualified social worker or recognized social agency for consultation and assistance on a regularly scheduled basis. (See 405.1121(i).)

150.011(E) The social work staffing of facilities shall be based on the number of patients or residents in the facility rather than on the level of care of the facility.

(MSW requirement not currently implemented in Level III facilities.) Social services shall be provided by a MSW social worker or BA social worker. If social services are provided by a BA social worker, the facility must have a written agreement for social work consultation and supervision from a master's degree social worker.

353	II	III	HOURS - MORE THAN 80 PATIENTS	353

150.011(E)(1) All facilities that provide care for more than 80 patients or residents shall provide a minimum of one half-time social worker. If the social worker is a BA social worker, the facility shall provide consultation from a MSW social worker for at least eight hours per month.

354	II	III	HOURS - 40-80 PATIENTS	354
			150.011(E)(2) All facilities that provide care for between 40 and 80 patients or residents shall provide the services of a social worker for a minimum of eight hours per week. If the social worker is a BA social worker, appropriate consultation and supervision shall be provided as needed.	
355	II	III	HOURS - LESS THAN 40 PATIENTS	355
			150.011(E)(3) All facilities that provide care for less than 40 patients or residents shall provide the services of a social worker (MSW or BA) at least four hours per week. If the social worker is a BA social worker, appropriate consultation and supervision shall be provided as needed.	
356	II	III	SUFFICIENT SUPPORTIVE PERSONNEL	356
F317			405.1130(b)(3) The social service also has sufficient supportive personnel to meet patient needs.	
			150.011(E)(4) All facilities shall provide sufficient ancillary social service personnel under appropriate supervision to meet the emotional and social needs of the patients or residents.	
357	II		ADEQUATE FACILITIES	357
F318			405.1130(b)(4) Facilities are adequate for social service personnel, easily accessible to patients and medical and other staff, and ensure privacy for interviews.	

358	II		CONSULTATION PROVIDED	358
F319		405.1130(b)(5)	If not qualified social worker, qualified consultant or social agency provides assistance.	
359	IV		SERVICES IF NEEDED	359
		150.011(E)(5)	Exception: Facilities that provide Level IV care only shall be required to provide social service staff and social services only as indicated by residents' needs.	
360	II	III	RECORDS AND CONFIDENTIALITY	360
F320		405.1130(c)	STANDARD: RECORDS AND CONFIDENTIALITY OF SOCIAL DATA.	
		150.011(H)	Facilities shall maintain records of pertinent social information, action taken to meet social needs and written evidence of periodic case review on all patients and residents.	
		150.011(H)(1)	Pertinent social data and information about personal and family problems shall be made available only to the attending physician, appropriate members of the nursing staff, and other key personnel who are directly involved in the patient's or resident's care, or to recognized health or welfare agencies. There shall be appropriate policies and procedures for assuring the confidentiality of such information.	
361	II		RECORDS MAINTAINED	361
F321		405.1130(c)(1)	Records of pertinent social data about personal and family problems medically related to the patient's illness and care, and of action taken to meet the patient's needs, are maintained in the patient's medical record.	

362	II	OUTSIDE RESOURCES - RECORDS MAINTAINED	362
F322	405.1130(c)(2)	If social services are provided by an outside resource, a record is maintained of each referral to such resource.	

363	II	POLICY ASSURING CONFIDENTIALITY	363
F323	405.1130(c)(3)	Policies and procedures are established for ensuring the confidentiality of all patients' social information.	

PATIENT ACTIVITIES

364	II	III	PATIENT ACTIVITIES	364

F324 405.1131 PATIENT ACTIVITIES. The skilled nursing facility provides for an activities program, appropriate to the needs and interests of each patient, to encourage self care, resumption of normal activities, and maintenance of an optimal level of psychosocial functioning.

T 229 442.345 ACTIVITIES PROGRAM.

365	II	RESPONSIBILITY FOR PATIENT ACTIVITIES	365

F325 405.1131(a) STANDARD: RESPONSIBILITY FOR PATIENT ACTIVITIES.

366	II	III	IV	ACTIVITY DIRECTOR	366

F326 405.1131(a)(1) A member of the facility's staff is designated as responsible for the patient activities program.

T 231 442.345(b) (See #364) The ICF designates one staff member, qualified by training or experience in directing group activity, to be responsible for it.

150.012(B) All facilities shall provide an activity director who is responsible for developing and implementing the activity program.

367	II	IF NOT QUALIFIED CONSULTANT	367

F327 405.1131(a)(2) If not a qualified patient activities coordinator, this staff member functions with frequent, regularly scheduled consultation from a person so qualified. (See 405.1121(1)

368	II	III	IV	QUALIFICATIONS	368

150.012(b)(1) The activity director shall possess a high school diploma or its equivalent; have the interest and ability to work with the ill, aged and disabled; and have at least one year's experience or training in directing group activity.

369	II	III	IV	HOURS PER WEEK	369

150.012(B)(2) In total, all facilities shall provide at least 20 hours of activity per week, per unit.

370	II	III	IV	FUNCTIONS OF ACTIVITY DIRECTOR	370

150.012(C) The activity director plans, schedules, and posts in advance a monthly activity program including group activities, special activities on holidays, religious days, birthdays, and other special occasions; supervises and conducts activities; arranges for religious services; supervises the work of volunteers; and participates in patient reviews, staff meetings and in-service educational programs.

The activity director and other staff shall encourage, but not force, patients and residents to participate in each day's activities and, where appropriate, in program planning; shall seek ways to motivate and interest patients or residents in activities; and shall provide suitable activities for patients or residents unable to leave their rooms.

The activity director shall prepare activity records which shall include: a monthly activity schedule posted in a conspicuous place in each unit and an activity participation record indicating patient or resident participation in and reaction to activities.

371	III	ACTIVITIES PLAN	371

T232 442.345(c) The ICF has a plan for independent and group activities for each
T233 442.345(c)(1) resident that is developed according to his needs and interests and incorporated
T234 442.345(c)(2) in his overall plan of care.
(See #364)

372	III	PLAN REVIEWED QUARTERLY	372

T235 442.345(c)(3) The ICF has a plan for independent and group activities for each resident that is
T236 442.345(c)(4) reviewed, with his participation, at least quarterly and changed as needed.
(See #364)

373	II III IV	PATIENT ACTIVITIES PROGRAM	373

F330 405.1131(b) STANDARD: PATIENT ACTIVITIES PROGRAM.

T230 442.345(a) The ICF provides an activities program designed to encourage each resident
(See #364) to maintain normal activity and to return to self-care.

150.012(A) All facilities shall provide an organized program of activities and recreation suited to the needs and interests of patients or residents to encourage restoration to self-care, resumption and maintenance of normal activities and a congenial therapeutic environment.

374	II	III	IV	MEANINGFUL PROGRAM	374
F331			405.1131(b)(1)	Provision is made for an ongoing program of meaningful activities appropriate to the needs and interests of patients, designed to promote opportunities for engaging in normal pursuits, including religious activities of their choice, if any.	
				150.012(A)(1) The activities program shall provide a broad assortment of regularly scheduled, purposeful activities, including recreational, spiritual, education, social, craft, and work oriented activities.	
375	II			PHYSICIAN APPROVAL	375
F332			405.1131(b)(2)	Each patient's activities program is approved by the patient's attending physician as not in conflict with the treatment plan.	
376	II			PROMOTE WELL BEING	376
F333			405.1131(b)(3)	The activities are designed to promote the physical, social and mental well-being of the patients.	

377	II	III	IV	SPACE AND SUPPLIES	377

F334 405.1131(b)(4) The facility makes available adequate space and a variety of supplies and equipment to satisfy the individual interests of patients (See 405.1134(g)

T 237 442.345(d) (See #364) The ICF provides adequate recreation areas with sufficient equipment and materials to support the program.

150.012(G) Facilities shall provide, maintain and store, without charge to the patients or residents, the following basic supplies and equipment: books current magazines and newspapers, games, crafts, and radio and television (in appropriate areas). Patients or residents who use their personal radio, television or other such equipment shall not be billed for electricity.

378	II	III	IV	SPECIAL ACTIVITIES AND SERVICES	378

150.012(I) Special Activities and Services. Facilities may provide or contract for certain special personal services for patients or residents such as hairdresser or barber services. These services shall not substitute for routine personal care services that the facility is required to provide regularly for all patients or residents. (105 CMR 150.007(G)(5) These special personal services shall be requested in writing by the patient, resident or his family and shall be available only to patients or residents within the facility.

Facilities may provide a snack shop or small gift shop (with total retail value of the salable items not to exceed $150) as an adjunct to recreational, diversional and therapeutic services for patients or residents. No facility shall open such a shop without submitting an application, construction plans, and a letter of intent to the Department, and without receiving written approval from the Department on final plans of construction and operation. A facility that submits an application to operate a snack shop or gift shop shall understand that the Department may order such a shop closed without a hearing if it considers that the shop is not rendering recreational, diversional or therapeutic services, or that the shop is operating in violation of the provisions of this section or of 105 CMR 150.012(f)(2) through 150.012(1)(6). Snack shops and gift shops shall be conveniently located and accessible to patients and residents living and recreational areas and shall be open only to patients and residents and their immediate visitors. Such shops shall be open to facility staff

only if this does not interfere with or inconvenience the use by patients or residents.

Snack shops shall not be open to patients or residents during the servicing of regular meals required for all patients or residents.

Snack shops shall serve only: hot and cold beverages, desserts, cookies, crackers and other prepackaged snacks.

Snack shops shall conform to all regulations relating to sanitation, refrigeration, and food quality, and other rules and regulations contained herein relative to general dietary and kitchen services. (105 CMR 150.009 and 150.016).

Food purchase, storage, preparation and service for the staff for the snack shop shall be completely separate from the facility's general dietary service.

Gift shops may contain greeting cards, newspapers, magazines, articles made by patients or residents, a modest assortment of gift items and toiletries. Gift shops shall be staffed by volunteers (including patients or residents if they so desire) and operated under the direction of the activity director.

If articles made by the residents or patients are sold in the gift shop, the money shall be given or credited to the patients or residents.

All special services described in 105 CMR 150.012(I) shall be provided as a service to patients or residents, and there shall be no profit or financial benefit to the facility. Accounts for all such services shall be kept entirely separate from other financial records and accounts (including separate purchase of food and supplies) and these accounts shall be available on the premises for inspection and evaluation by the Department. Facilities shall submit, at their own expense, to the Department an annual audit by a Certified Public Accountant of the financial records and accounts of such special services.

The regular staff of the facility shall not be used to provide any of the above special services.

No special services shall be available to the general public.

150.012(I)(3) Bazaars, fairs and other recreational fund-raising activities shall be solely for the benefit of the patients or residents and shall not be of financial benefit to the facility.

MEDICAL RECORDS

380	II	III		MEDICAL RECORDS	380
F335	405.1132		MEDICAL RECORDS. The facility maintains clinical (medical) records on all patients in accordance with accepted professional standards and practices. The medical record service has sufficient staff, facilities, and equipment to provide medical records that are completely and accurately documented, readily accessible, and systematically organized to facilitate retrieving and compiling information.		
T111		442.318	RESIDENT RECORD SYSTEM. The ICF maintains an organized record system.		
381	II	III	IV	STAFFING	381
F336		405.1132(a)	STANDARD: STAFFING.		
			150.013(G)	All facilities shall employ a medical records librarian or shall designate a trained employee of the facility to be responsible for ensuring that records are properly maintained, completed, and preserved.	
382	II			FULL-TIME EMPLOYEE	382
F337		405.1132(a)(1)	Overall supervisory responsibility for the medical record service is assigned to a full-time employee of the facility.		
383	II			SUFFICIENT PERSONNEL	383
F338		405.1132(a)(2)	The facility also employs sufficient supportive personnel competent to carry out the functions of the medical record service.		

384	II			CONSULTANT	384

F339 405.1132(a)(3) If the medical record supervisor is not a qualified medical record practitioner, this person functions with consultation from a person so qualified. (See 405.1121(i)

385	II	III		PROTECTION OF MEDICAL RECORD INFORMATION	385

F343 405.1132(b) STANDARD: PROTECTION OF MEDICAL RECORD INFORMATION. The facility safeguards medical record information against loss, destruction, or unauthorized use.
T40

442.310. WRITTEN POLICIES AND PROCEDURES: RESIDENT RECORDS. The ICF has written policies and procedures governing access to, duplication of, and dissemination of information from the resident's record.

T121 442.318(d) (See #380) The ICF protects resident records against destruction, loss, and unauthorized use.

386	II	III	IV	CONFIDENTIALITY - AUTHORIZED PERSONNEL	386

T113 442.318(b) (See #380) The ICF makes the resident's record available to staff directly involved with the
T114 resident and to appropriate representatives of the MEDICAID agency.

150.013 (F) All information contained in clinical records shall be treated as confidential and shall be disclosed only to authorized persons.

387	II			CONTENT	387

F344 405.1132(c) STANDARD: CONTENT.

388	II	III	IV			LEGIBLY WRITTEN	388
					150.013(B)	All records shall be permanent, either typewritten or legibly written in ink (no record shall be written in pencil). No erasures or ink eradicator shall be used or pages removed.	
389	II	III	IV	T115	442.318(c)	RECORDS TO BE MAINTAINED	389
F345					405.1132(c)(1)	The medical record contains sufficient information to identify the patient clearly, to justify the diagnosis and treatment, and to document the results accurately.	
					150.013(D)	All facilities shall maintain a separate, complete, accurate, and current clinical record in the facility for each patient or resident from the time of admission to the time of discharge. This record shall contain all medical, nursing, and other related data. All entries shall be dated and signed. This record shall be kept in an individual folder at the nurses' or attendants' station.	
390	II	III	IV			REQUIRED REPORTS ON PREMISES	390
					150.002(G)	The administrator shall be responsible for ensuring that all required records, reports and other materials are complete, accurate, current, and available within the facility.	

391	II	III	IV	SEPARATE CLINICAL RECORDS - COMPLETE	391

F346 405.1132(c)(2) All medical records contain the following general categories of data: documented evidence of assessment of the needs of the patient, of establishment of an appropriate plan of treatment, and of the care and services provided; authentication of hospital diagnoses (discharge summary, report from patient's attending physician, or transfer form), identification data and consent forms, medical and nursing history of patient, report of physical examination(s), diagnostic and therapeutic orders, observations and progress notes, reports of treatments and clinical findings, and discharge summary including final diagnosis and prognosis.

T112 442.318(a) The ICF system contains a record for each resident.
442.318(c) Each record contains:
(See #380)

150.013(D) All facilities shall maintain a separate, complete, accurate, and current clinical record in the facility for each patient or resident from the time of admission to the time of discharge. This record shall contain all medical, nursing, and other related data. All entries shall be dated and signed. This record shall be kept in an individual folder at the nurses' or attendants' station.

392	II	III	IV	IDENTIFICATION SHEET	392

T115 442.318(c)(1) Identification information.
(See #380)

150.013(D)(1) Identification and Summary Sheet including: Patient's or resident's name, bed and room number, social security number, age, sex, race, marital status (married, separated, widowed, or divorced), religion, home address, and date and time of admission; names, addresses and telephone numbers of attending physician and alternates, of referring agency or institution, and of any other practitioner attending the patient or resident (dentist, podiatrist); name, address and telephone number of next of kin or sponsor; admitting diagnosis, final diagnosis, and associated conditions on discharge; and placement.

393	III	REQUIRED INFORMATION	393

T118 441.318(c)(4) Copies of initial and periodic examinations, evaluations, progress notes, (See #380) all plans of care and subsequent changes, and discharge summaries.

394	II III IV	ADMISSION DATA	394

T116 442.318(C)(2) Admission information, including the medical and social history of the resident. (See #380)

150.013(D)(3) Admission Data recorded and signed by the admitting nurse or responsible person including: how admitted (ambulance, ambulation or other); referred by whom and accompanied by whom, date, and time of admission; complete description of patient's or resident's condition upon admission, including vital signs on all admissions and weight (if ambulatory) and date and time attending physician notified of the admission.

395	III	PLAN OF CARE	395

T117 442.318(c)(3) The resident's plan of care as described in 442.319. (T123)
T123 (See #380)
T124 442.319. OVERALL PLAN OF CARE. The plan of care required by T117 sets goals
T125 to be accomplished by the resident; prescribe an integrated program of activities,
T126 therapies, and treatments designed to help each resident achieve his/her goals; and indicateswhich professional service or individual is responsible for each service prescribed in the plan.

396	II	III	IV	MEDICATION AND TREATMENT RECORDS	396

T119

442.318(c)(5) Description of treatments and services provided and medications administered. (See #380)

150.013(D)(7) Medication and Treatment Record including: date, time dosage and method of administration of all medications; date and time of all treatments; special diets; restorative therapy services and special procedures for each patient or resident, dated and signed by the nurse or individual who administers the medication or treatment.

397	II	III	IV	NURSING DOCUMENTATION	397

T120

442.318(c)(6) (See #380) All indications of illness or injury including the date, time, and action taken regarding each.

150.007(H) Nursing Review and Notes. Each patient's condition shall be reviewed with special notation of any untoward event, change in condition, nursing, or other services provided and the patient's response or progress.

In facilities that provide Level II care, each patient shall be reviewed by the nursing personnel going off duty with the nursing personnel coming on duty at each change of shift. At minimum, a weekly progress note shall be recorded in each patient's record unless the patient's condition warrants more frequent notations; the weekly progress note documentation shall be performed by a licensed nurse.

In facilities that provide Level III care, each resident's general condition shall be reviewed each morning. Significant changes of findings shall be noted in the clinical record and the attending physician notified with a written notation of the time and date of notification. A note summarizing the resident's condition shall be written monthly in the clinical record.

398	II	III	IV	DISCHARGE OR TRANSFER DATA	398
			150.013(D)(14)	Discharge of Transfer Data including: a dated, signed physician's order for discharge; the reason for discharge; and a summary of medical information, including physical and mental condition at time of discharge; a complete and accurate health care referral form; date and time of discharge; address of home, agency or institution to which discharged; accompanied by whom; and notation as to arrangements for continued care of follow-up.	
399	II			PHYSICIAN DOCUMENTATION	399
F350		405.1132(d)		STANDARD: PHYSICIAN DOCUMENTATION.	
400	II			PHYSICIAN AUTHENTICATE	400
F351			405.1132(d)(1)	Only physicians enter or authenticate in medical records opinions that require medical judgment (in accordance with medical staff bylaws, rules, and regulations, if applicable).	
401	II			PHYSICIAN SIGN ENTRIES	401
F352			405.1132(d)(2)	All physicians sign their entries into the medical record.	
402	II			COMPLETION OF RECORDS	402
F353		405.1132(e)		STANDARD: COMPLETION OF RECORDS AND CENTRALIZATION OF REPORTS.	

403	II	III	IV	COMPLETED PROMPTLY - RETAINED	403

F354 405.1132(e)(1) Current medical records and those of discharged patients are completed promptly.

150.013(E) All clinical records of discharged patients or residents shall be completed within two weeks of discharge and filed and retained for at least 5 years. Provisions shall be made for safe keeping for at least five years of all clinical records in the event the facility discontinues operations, and the Department shall be notified as to the location of the records and the person responsible for their maintenance.

404	II	CENTRALIZATION OF RECORDS	404

F355 405.1132(e)(2) All clinical information pertaining to a patient's stay is centralized in the patient's medical record.

405	II	III	RETENTION AND PRESERVATION	405

F356 405.1132(f) STANDARD: RETENTION AND PRESERVATION. Medical records are retained for a period of time not less than that determined by the respective state statute, the statute of limitations in the State, or 5 years from the date of discharge in the absence of a state statute, or, in the case of a minor, 3 years after the patient becomes of age under state law.

T122 442.318(e) The ICF keeps resident records for 3 years after the date of the (See #380) resident's discharge.

406	II	INDEXES	406

F357 405.1132(g) STANDARD: INDEXES. Patients' medical records are indexed according to name of patient and final diagnoses to facilitate acquisition of statistical medical information and retrieval of records for research or administrative action.

F358 405.1132(h) STANDARD: LOCATION AND FACILITIES. The facility maintains adequate facilities and equipment, conveniently located, to provide efficient processing of medical records (reviewing, indexing, filing, and prompt retrieval).

150.013(A) All facilities shall provide conveniently located and suitably equipped areas for the recording and storage of records.

TRANSFER AGREEMENT

408	II	III	TRANSFER AGREEMENT - DOCUMENTED ATTEMPTS	408

F359 405.1133 TRANSFER AGREEMENT. The skilled nursing facility has in effect a transfer agreement with one or more hospitals approved for participation under the programs, which provides the basis for effective working arrangements under which inpatient hospital care or other hospital services are available promptly to the facility's patients when needed. (A facility that has been unable to establish a transfer agreement with the hospital(s) in the community or service area after documented attempts to do so is considered to have such an agreement in effect.)

T104 442.316 TRANSFER AGREEMENT. The ICF has in effect a transfer agreement with one or more
T105 hospitals sufficiently close by to make feasible the prompt transfer of the resident
T106 and his records to the hospital and to support a working arrangement between the ICF and the hospital for providing inpatient hospital services to residents when needed.

150.003(E)(1) Facilities providing Level I, II or III care shall enter into a written transfer agreement with one or more general hospitals that provides for the reasonable assurance of transfer and inpatient hospital care for patients whenever such transfer is medically necessary as determined by the attending physician. The agreement shall provide for the transfer of acutely ill patients to the hospital ensuring timely admission and provisions for continuity in the care and the transfer of pertinent medical and other information.

409	II	PATIENT TRANSFER	409

F360 405.1133(a) STANDARD: PATIENT TRANSFER.

410	II		WRITTEN AGREEMENT	410
F361		405.1133(a)(1)	A hospital and a skilled nursing facility shall be considered to have a transfer agreement in effect if, by reason of a written agreement between them or (in case the two institutions are under common control) by reason of a written undertaking by the person or body which controls them.	
411	II		MEDICAL APPROPRIATENESS	411
F362		405.1133(a)(2)	Transfer of patients will be effected between the hospital and the skilled nursing facility, ensuring timely admission, whenever such transfer is medically appropriate as determined by the attending physician.	
412	II		INFORMATION INTERCHANGE	412
F363		405.1133(a)(3)	There will be interchange of medical and other information necessary or useful in the care and treatment of individuals transferred between the institutions, or in determining whether such individuals can be adequately cared for otherwise than in either of such institutions.	
413	II		PERSONAL EFFECTS SECURITY AND ACCOUNTABILITY	413
F364		405.1133(a)(4)	Security and accountability for patients' personal effects are provided on transfer.	

PHYSICAL ENVIRONMENT

414	II	III				PHYSICAL ENVIRONMENT		414

F366 405.1134 PHYSICAL ENVIRONMENT. The skilled nursing facility is constructed, equipped, and maintained to protect the health and safety of patients, personnel, and the public.

T131 442.324. RESIDENT LIVING AREAS.

415	II	III	IV	F421	405.1134(j)(1)	PATIENT COMFORT AND SAFETY		415

T132 442.324(a) Resident living areas are designed and equipped for the comfort and privacy of
T133 (See #41) each resident, and handrails are firmly attached to walls in all corridors used by residents.

150.015(a) All facilities shall provide for the comfort, safety and mental and physical well-being of patients or residents.

416 LSC	II	III	IV			HANDICAPPED PATIENTS		416

150.017(B)(1)(b) In facilities that provide Level I or II care and are not of Class I or II construction, all patients or residents with handicaps (such as impaired vision, impaired ambulation, etc.) shall be housed on floors that have access to grade level, and no patients or residents shall be housed above the second floor. Occupancy of rooms above the second floor shall be restricted to employees and members of the immediate family of the licensee.

417 LSC	II	III	IV			NON-FLAMMABLE MEDICAL GAS SYSTEMS		417
					150.015(D)(11)	Routine storage of oxygen tanks shall be permitted only in facilities that provide Level I, II or III care unless specifically approved by the Department. Wherever oxygen is used or stored, it shall be in accordance with the National Fire Protection Code. Smoking is prohibited in all rooms, and in areas adjacent to where oxygen is administered, used or stored. Carriers shall be provided when oxygen is being used or transported. Signs indicating that oxygen is available, currently in use or stored shall be conspicuously posted. Oxygen tanks shall be safely stored and labeled when empty.		
418 LSC	II	III	IV			EMERGENCY POWER		418
					150.017(B)(16)	Emergency Electrical Systems. All facilities providing Level I/II care shall provide an emergency source of electricity.		
419 LSC/RN	II	III	IV	F395	405.1134(d)(2)	CALL SYSTEM		419
T145					442.325(g)	Each resident's room has a device to call the staff on duty.		
					150.015(C)(3)	There shall be a signal system or a hand bell at each patient's bedside in sitting rooms, in bathrooms, in shower and tub rooms and in all other patient areas. The method used for signaling shall be approved by the Department.		

420	II	III	IV		IDENTIFIABLE UNIT	420
				150.017(B)(2)	Nursing units shall consist of at least the following: An identifiable unit of approximately 40 beds in facilities that provide Level I or II care, and not more than 60 beds in facilities that provide Level III or IV care; a nurses' or attendants' station conveniently located to patient or resident beds; a medicine cabinet or closet; a utility room in facilities that provide Level I, II or III care; storage space for medical supplies and equipment; and a storage closet for linen.	
421	II	III	IV	F394 405.1134(d)(1)	NURSES STATION	421
				150.017(B)(2)(b)	Nurses' or Attendants' Station--A nurses' or attendants' station shall be provided for every unit in a central location. (Exceptions may be allowed upon written approval of the Department). At a minimum, each nurses' station shall be provided with a desk or counter, chair, sufficient cabinets and an acceptable record holder or chart rack.	
422	II	III		F394 405.1134(d)(1)	UTILITY ROOM	422
				150.017(B)(2)(d)(1)	Facilities that provide Level I or II care shall provide a utility room for every unit and for each floor. Facilities that provide Level III care shall provide a utility room for each unit. The utility room shall be physically partitioned from any toilet or bathing area for patients or personnel and shall have a separate entrance directly from a corridor.	

423		II	III	F394 405.1134(d)(1)	UTILITY ROOM EQUIPMENT	423

150.017(B)(2)(d)(3) The following equipment shall be provided in utility rooms: slop sink with gooseneck faucet and hot and cold running water; adequate cupboard and work space; adequate facilities for the storage of clean equipment used in the administration of patient care; adequate space for the storage of individual patient equipment; adequate facilities for the cleansing, disinfection, and sterilization of individual patient equipment; adequate facilities for emptying, cleansing and disinfecting bedpans and urinals; an instrument sterilizer; adequate facilities for the proper storage of all rubber goods, such as hot water bottles, ice caps, rectal tubes, catheters, rubber air rings and rubber gloves; handwashing facilities with hot and cold running water.

424		II	III	IV	F394 405.1134(d)(1)	GENERAL STORAGE	424

150.017(B)(3) General Storage. Adequate storage space and equipment shall be provided for patients' or residents' towels and wash cloths when not in use, clothing during all seasons of the year, personal effects and valuables; beds, bedsides, bed springs, mattresses, bed pillows and blankets, when not in use; clean linen; glassware, enamelware, instruments, syringes and needles, rubber goods, mouth and rectal thermometer and other such equipment and supplies.

425		II	III		F394 405.1134(d)(1)	EXAMINATION ROOM, IF PROVIDED	425

150.017(B)(4) Examination and Treatment Room. If an examination and treatment room is provided, it shall be equipped with a sink with hot and cold running water, soap dispenser, disposal towel dispenser, treatment table, instrument table, instrument sterilizer, locked storage cabinet, a hospital scale, and a non-combustible waste receptacle with a foot-operated top.

426	II	III	IV	F394 405.1134(d)(1)	SEPARATE STAFF TOILET FACILITIES	426

150.017(B)(7)(b) Toilets and washrooms shall be provided for staff separate from those rooms used by patients or residents. The number shall be appropriate to the size and needs of the facility.

427	II	III			RESTORATIVE UNIT IF PROVIDED	427

T152
T153
T154
T155

442.328 THERAPY AND ISOLATION AREAS. The ICF's therapy area is of sufficient size and appropriate design to accommodate necessary equipment, conduct examinations and provide treatment.

150.017(B)(6) Restorative Service Units. The rooms and areas shall be sized, arranged and equipped so that they are consistent with the programs of treatment within the particular facility. The unit shall be well-lighted, well-ventilated and adequately heated, and it shall be separate and apart from rooms used for resident living. There shall be a bell or signal system to summon aid in an emergency. Adequate storage facilities shall be provided and maintained in a sanitary and safe manner and in good repair. A handwashing sink with hot and cold running water shall be provided and equipped with a plaster trap if occupational therapy is given.

428 LSC	II	III	IV		NO MORE THAN FOUR BEDS	428

150.017(B)(2)(a)(3) No patient or resident bedroom should contain more than four beds although exceptions will be allowed for existing facilities upon written approval of the Department.

429 LSC	II	III	IV	BED LOCATIONS	429

150.017(B)(2)(a)(4) Each bed shall be placed at least three feet from any other bed and at least three feet from any window or radiator. An unobstructed passageway of at least three feet shall be maintained at the foot of each bed.

430 LSC	II	III	IV	OUTSIDE ROOMS; NO PASSAGEWAY	430

150.017(B)(2)(a)(6) All rooms used for patients or residents shall be outside rooms. No room off the kitchen shall be used for patient or resident care unless another acceptable means of entrance to this room is provided. No patient or resident room shall be used as a passageway.

431 LSC	II	III	IV	CLOSET AND DRAWER SPACE	431

150.017(B)(2)(a)(7) Adequate closet and drawer space shall be provided for each patient and resident. In general, this shall mean closet space of not less than two feet by two feet by the height of the closet per patient or resident for the storage of personal belongings, and either a built-in or free standing multiple drawer bureau not less than two-feet, six inches wide with a minimum of one drawer per individual. When feasible, these should be located within the patient's or resident's room.

432	III			BATHROOM FACILITIES	432

T146 442.326 BATHROOM FACILITIES.

433 LSC	II	III	IV	RATIO OF TOILETS, SINKS, AND BATHING FACILITIES	433

150.017(B)(7)(c) Toilet and handwashing sinks shall be provided on a ratio of one toilet and sink per every 8 to 10 patients or residents. There shall be at least one separate toilet for males and one separate toilet for females on each floor. (Exceptions may be made upon written approval of the Department.)

150.017(B)(7)(d) A shower or tub shall be provided in a ratio of 1 per 15 patients or or residents. Separate showers or tub baths for males and females are required only if they are located in the same room with toilets. (Exceptions may be made upon written approval of the Department.)

434 LSC	II	III	IV	SOLID WALLS OR PARTITIONS - PROVISION PRIVACY	434

150.017(B)(7)(e) Toilets, bath or shower compartments shall be separated from all rooms by solid walls or partitions. Adequate provision to insure patient privacy shall be made.

435	II	III	IV	GRAB BARS	435

150.017(B)(7)(g) Handrails or grab bars shall be provided near showers, tub baths and toilets.

436	II	III	IV	IN GOOD REPAIR	436

150.017(B)(7)(h) Toilet, handwashing and bathing equipment and areas must be kept in good repair, and the floor area surrounding the toilet must be maintained in a sanitary manner and in good repair.

437	II	III	IV			BATHROOM EQUIPMENT	437
					150.017(B)(7)(i)	Facilities shall provide all toilet rooms with toilet paper holders and paper, towels, soap dispensers with soap, mirrors and adequate lighting. Paper towels shall not be used in patient or resident bathrooms.	
438 LSC/RN	II	III	IV			HOT WATER TEMPERATURE	438
T149					442.326(c) (See #432)	The plumbing has control valves to automatically regulate the temperature of the hot water used by residents.	
					150.017(B)(7)(j)	Hot water supplied to fixtures accessible to patients or residents shall be controlled to provide a maximum temperature of 110 degrees Fahrenheit.	
439	II	III	IV	F421 T132	405.1134(j)(1) 442.324(a)	PATIENT AREAS - CLEAN - GOOD REPAIR	439
					150.015(F)(1)	All patient or resident areas shall be cheerful, homelike, pleasant, clean, well-kept, free from unpleasant odors, sights and noises, and maintained in good repair.	
440	II	III	IV			BED AND ROOM IDENTIFICATION	440
					150.015(F)(3)	Every bedroom and every bed location shall be permanently, clearly and distinctively identified by a number or letter in addition to the patient's or resident's name.	

441 LSC/RN	II	III	IV			SHIELDED HEATING FIXTURES		441
					150.017(B)(13)(d)	Heating fixtures and all exposed pipes in patient areas shall be shielded for the safety of patients or residents.		
442	II	III	IV	F397	405.1134(e)(1)	APPROPRIATE EQUIPMENT. ROUTINE CARE.		442
					150.015(G)(1)	Equipment and supplies appropriate in quantity and kind shall be provided for the routine care, comfort and special nursing care of patients or residents.		
443	II	III	IV	F397	405.1134(e)(1)	EQUIPMENT CLEAN AND SANITARY		443
					150.015(G)(2)	All equipment and supplies shall be kept in good working condition and in a clean and sanitary manner.		
444	II	III	IV	F405	405.1134(f)(2)	APPROVED TECHNIQUES		444
					150.015(G)(3)	All facilities shall use techniques approved by the Department to autoclave, sterilize, disinfect, or dispose of equipment and supplies.		

445	II	III	IV	F397 T137	405.1134(e)(1) 442.325 (c)	BED	445

150.015(G)(4)(a) Every patient or resident shall be provided with the following basic equipment and supplies: a comfortable bed. In facilities that provide Level I or II care, each patient or resident shall have a hospital-type bed which shall not be less than 76 inches long and 36 inches wide and shall be equipped with a headboard and swivel lock casters. In facilities that provide Level III and IV care, beds of household size or hospital beds may be used. Cots and folding beds are prohibited.

446	II	III	IV	F397 T137	405.1134(e)(1) 442.325 (c)	BED BRAKES - HOSPITAL BEDS	446

150.015(C)(12) All hospital beds shall have brakes set and all wheelchairs shall be equipped with brakes.

447	II	III	IV	F397 T137	405.1134(e)(1) 442.325(c)	MATTRESS	447

150.015(G)(4)(b) Bed springs and a clean, comfortable mattress with waterproof covering on all beds. Each mattress shall be at least four inches thick, 36 inches wide and not less than 72 inches long.

448	II	III	IV	F397 T137	405.1134(e)(1) 442.325(c)	PILLOWS	448

150.015(G)(4)(c) At least two comfortable pillows of standard hospital size. Other pillows shall be available if requested or needed by the patients or residents.

449	II	III	IV	F397 T137	405.1134(e)(1) 442.325(c)		COMFORTABLE CHAIR	449
					150.015(G)(4)(e)	An easy chair or a comfortable padded or upholstered straight back chair with arms, suited to individual patient or resident needs.		
450	II	III	IV	F397 T137	405.1134(e)(1) 442.325(c)		INDIVIDUAL LIGHT - 60 WATTS	450
					150.015(G)(4)(f)	An individual light of at least 60 watts (or its equivalent), which is safe and conveniently located for reading.		
451	II	III	IV	F397 T137	405.1134(e)(1) 442.325 (c)		BEDSIDE CABINET	451
					150.015(G)(4)(g)	A bedside cabinet with a hard-surfaced washable top, a drawer and a cabinet section with a towel rack that is adequate for patient or resident needs. In facilities that provide Level I or II care, hospital-type bedside cabinets shall be provided and shall contain a towel and wash cloth, a wash basin, an emesis basin and the equipment listed in 105 CMR 150.015(G)(4)(h)		
452	II	III	IV	F397	405.1134(e)(1)		INDIVIDUAL EQUIPMENT	452
					150.015(G)(4)(h)	All facilities shall see to it that each patient or resident has the following items: individual mouthwash cup, a tooth brush and dentifrice, containers for the care of patients' or residents' dentures, an individual comb and brush, soap dish, bar of soap, shaving equipment, individual sputum containers (when needed), and other equipment for personal care.		

453	II	III	IV	F397	405.1134(e)(1)	BEDRAILS	453
					150.015(G)(5)(b)	Bedrails for 75 per cent of the total authorized beds in Levels I and II and as needed in Level III and IV.	
454	II	III	IV			METAL WASTE CONTAINERS	454
					150.015(G)(5)(a)	A covered metal waste container in each patient or resident bedroom.	
455	II	III	IV	F397 T137	405.1134(e)(1) 442.325(c)	FOOT STOOLS	455
					150.015(G)(5)(c)	A sufficient number of foot stools.	
456	II	III	IV	F397 T137	405.1134(e)(1) 442.325 (c)	OVERBED TABLES	456
					150.015(G)(5)(d)	Hospital-type, over-bed tables for not less than 25 per cent of the total beds authorized in Level I, II or III care facilities, and as needed in Level IV care facilities.	
457	II	III	IV			BEDPANS AND URINALS	457
					150.015(G)(5)(e)	Bedpans and urinals for not less than 50 per cent of the total beds authorized in Level I, II or III care facilities and in adequate numbers in Level IV care facilities.	

458	II	III	IV			SUPPORTIV. QUIPMENT		458
					150.015(G)(5)(f)	An adequate number of commode chairs, wheelchairs, walkers, foot soak basins, foot boards, cradles, armboards, and other such equipment to meet patient or resident needs.		
459	II	III	IV	F397	405.1134(e)(1)	BEDSIDE CURTAINS		459
					150.015(G)(5)(g)	Flame resistant, washablebedside curtains or portable screens that completely conceal the bed in all multi-bedrooms to ensure patient or resident privacy.		
460	II	III	IV			EQUIPMENT FOR MEDICATIONS AND TREATMENTS		460
					150.015(G)(6)	The following equipment and supplies shall be readily available as needed for the administration of medications, the performance of treatments, or other use. Items marked with an asterisk shall be disposable (single use) or sterilized by autoclave. *Syringes and needles; *instruments; glassware; *rubber goods; thermometer (rectal and oral); *enema equipment; stethoscope; blood pressure apparatus; tourniquets; flashlights; mouthbites; a standard scale for weighing; *catheters and catheterization equipment; *suction equipment; I.V. poles; sandbags; wheelchairs; walkers; footboards; cradles; armboards; and other such equipment.		
461	II	III	IV			TELEPHONES		461
					150.015(C)(10)	There shall be at least one functioning telephone on each floor or in each unit where patients, residents or personnel reside. These telephones shall be free of locks and shall be available for use in emergency for both incoming and outgoing calls. In addition, all facilities shall provide at least one telephone for patient or resident use, which may be coin operated, that is located so as to assure privacy during use; is a single line without an extension; is placed and positioned at a height so that the equipment is fully accessible to individuals in wheelchairs; is equipped with sound amplification for those with hearing disabilities and so identified with instructions for use. For existing facilities, the Division may grant a waiver of 105 CMR 150.015(C)(10) if it is demonstrated that enforcement would result in unreasonable hardship upon the facility. All facilities shall comply with the provisions of 105 CMR.150.015(C)(10) *By December 23, 1983, except that if the facility demonstrates that major structural changes are necessary, compliance shall be achieved by June 23, 1984.		

462	II	III	PROVISION FOR ISOLATION	462
F403		405.1134(f)	STANDARD: FACILITIES FOR SPECIAL CARE.	
T156			442.328(b) The ICF has provisions for isolating residents with infectious diseases. (See #427)	
463	II		SINGLE ROOMS FOR ISOLATION - TOILET AND HANDWASH FACILITY	463
F404		405.1134(F)(1)	Provision is made for isolating patients as necessary in single rooms ventilated to the outside, with private toilet and handwashing facilities.	
464	II		PROCEDURES ESTABLISHED AND FOLLOWED	464
F405		405.1134(f)(2)	Procedures in aseptic and isolation techniques are established in writing and followed by all personnel.	
465	II		PRECAUTIONARY SIGNS	465
F406		405.1134(f)(3)	Such areas are identified by appropriate precautionay signs.	

466 LSC	II	III	IV			DINING AND PATIENT ACTIVITIES ROOMS	466

150.017(B)(5) Activity Areas. All facilities shall provide on every floor and for every unit a comfortable, pleasant, convenient, well-lighted and ventilated sitting room, day room, or solarium with a direct outside exposure that is separate from patient or resident bedrooms. (Exceptions may be allowed upon written approval of the Department.) This room shall be so constructed, arranged, and maintained that patients or residents have a place to read, play cards, visit or watch television. This room shall be large enough to meet patient needs and shall be suitably located.

150.017(C)(9) Dining Rooms. All facilities shall provide at least one dining area for patients or residents, including wheelchair cases, who can and wish to eat at a table. (Exceptions may be made upon written approval of the Department.) Dining rooms shall be: Suitably located in an attractive, well-lighted, ventilated and heated area that is separate from sleeping quarters and areas of congestion; equipped with tables of sturdy construction with hard surfaced, washable tops; equipped with comfortable chairs of sturdy construction and of a sanitary type; provided with floors that have a waterproof and greaseproof covering; only non-skid wax shall be used in the dining room area.

467	II	III	IV	F414 T164	405.1134(h)(1) 442.331(b)	KITCHEN AND DIETETIC SERVICE AREAS	467

150.017(B)(8)(a) Kitchen. The main kitchen shall be located in a suitable area. There shall be adequate work space for the sanitary preparation and serving of meals for patients, residents and personnel, in accordance with the size of the facility. All main kitchens shall be provided with a mechanical ventilator.

468	II	III	IV	F415 T164	405.1134(h)(2) 442.331(b)	ADEQUATE VENTILATION	468
					150.017(B)(8)(b)	Kitchens and other areas when located below grade level and used for the preparation and serving of food shall either have direct access to the outside by means of suitable windows or ventilation shall be provided to permit an air supply and exhaust of at least ten air changes an hour. Ventilating units shall be maintained in a sanitary manner and kept in good repair.	
469	II	III	IV	F415 T164	405.1134(h)(2) 442.331(b)	STORAGE SPACE	469
					150.017(B)(8)(c)	Adequate sanitary storage space and cabinets shall be provided for the proper storage of all foods, dishes, silverware and cooking equipment and maintained in a sanitary manner and kept in good repair.	
470	II	III	IV	F415 T164	405.1134(h)(2) 442.331(b)	PROPER STORAGE	470
					150.009(I)(7)	Dry or staple food items shall be stored off the floor in a ventilated room not subject to sewage or waste water backflow, or contamination by condensation, leakage, rodents or vermin.	
471	II	III	IV	F415 T164	405.1134(h)(2) 442.331(b)	DUMBWAITER	471
					150.017(B)(8)(e)	A dumbwaiter when provided for the transportation of food shall be suitably located and used exclusively for the transportation of food. It shall be cleaned daily and kept in good repair.	

472	II	III	IV	F415 T164	405.1134(h)(2) 442.331(b)		KITCHEN EQUIPMENT	472
					150.017(B)(8)(f)	Stoves, sinks, counters, cabinets, shelves, tables, refrigerating equipment and all other equipment necessary for the preparation and serving of food shall be provided in accordance with the size of the facility. This equipment shall be so constructed that it can be easily cleaned, maintained in a sanitary manner and kept in good repair.		
473	II	III	IV	F415 T164	405.1134(h)(2) 442.331(b)		HANDWASH SINK	473
					150.017(B)(8)(g)	A handwashing sink with hot and cold running water, a soap dispenser and disposable towels in a towel dispenser shall be located in the kitchen area.		
474	II	III	IV	F415 T164	405.1134(h)(2) 442.331(b)		DISHWASHER - TEMPERATURE	474
					150.017(B)(8)(h)	All facilities shall provide an automatic dishwasher capable of handling the needs of the facility. For dishwashing machines, the temperature of the water shall be between 140 and 160 degrees Fahrenheit with a final rinse at a temperature of 170 degrees Fahrenheit or higher.		
475	II	III	IV	F415 T164	405.1134(h)(2) 442.331(b)		DISHWASHING TECHNIQUE	475
					150.009(I)(4)	Effective dishwashing techniques shall be used in all facilities. Kitchen workers shall be instructed in these and shall show evidence of knowing and practicing acceptable sanitary procedures.		

476	II	III	IV	F415 T164	405.1134(h)(2) 442.331(b)	REFRIGERATION PERISHABLE FOODS	476
					150.009 (I)(9)	All perishable food, including milk and milk products shall be adequately refrigerated, stored in a sanitary manner and properly spaced for adequate refrigeration.	
477	II	III	IV	F415 T164	405.1134(h)(2) 442.331(b)	REFRIGERATOR - FREEZER TEMPERATURES	477
					150.009(I)(11)	The maximum temperature for the storage of all perishable foods shall be 45 degrees Fahrenheit. Freezers and frozen food compartments of refrigerators shall be maintained at or below minus 10 degrees Fahrenheit.	
478	II	III	IV	F415 T164	405.1134(h)(2) 442.331(b)	THERMOMETERS	478
					150.009(I)(12)	A reliable thermometer shall be attached to the inside of each refrigerator, freezer, frozen food compartment, storeroom or other storage space used for perishable food or beverages.	
479	II	III	IV	F415 T164	405.1134(h)(2) 442.331(b)	KITCHEN NOT A THOROUGHFARE	479
					150.009(1)(6)	The food service area shall not be located in a thoroughfare and traffic through the food service area shall be limited to authorized personnel.	
480	II	III	IV	F418	405.1134(i)(2)	GROUNDS	480
					150.016(E)(10)	The grounds shall be kept free from refuse and litter, and areas around buildings, sidewalks, gardens and patios kept clear of dense undergrowth, snow and ice.	

481	II	III	IV	F422	405.1134(j)(2) 442.324(a)	PATIENT AREA LIGHTING, HEATING, VENTILATION	481
					150.015(F)(5)	All patient or resident areas must have adequate lighting, heating, and ventilation so that patients or residents are comfortable in all seasons of the year.	
482	II	III	IV	F422	405.1134(j)(2) 442.324(a)	NIGHT LIGHTS	482
					150.017(B)(15)(c)	Night lights shall be provided in corridors, stairways, bathrooms, toilets and nurses' or attendants' stations and patients' or residents' bedrooms. Night lights for hallways, stairways, and bathrooms shall have at least 15 Watt bulbs.	
483	II	III	IV	F422	405.1134(j)(2) 442.324(a)	OUTSIDE LIGHTING	483
					150.017(B)(15)(d)	Outside walks, parking lots and entrances shall be adequately lighted.	
484	II	III	IV	F424	405.1134(j)(4) 442.324(a)	ROOM TEMPERATURE AND VENTILATION - MINIMUM 75 DEGREES	484
					150.015(F)(5)(c)	Adequate heating shall be provided in all rooms used by patients or residents in order to maintain a minimum temperature of 75 degrees Fahrenheit at winter temperatures for the hours between 6:00 a.m. and 10:00 p.m.; and a minimum temperature of 70° at winter temperatures for the hours between 10:00 p.m., and 6:00 a.m.	
485 LSC	II	III	IV			PORTABLE HEATERS	485
					150.017(B)(13)(c)	Portable room heaters, such as space heaters, plug-in electric heaters, or heaters using kerosene, gas or other open-flame methods, are prohibited.	

486 LSC	II	III	IV	VENTILATION - BATHROOMS, UTILITY ROOMS	486

150.017(B)(14)(b) Bathrooms, toilets and utility rooms shall have direct access to the outside by means of suitable windows or a forced system of exhaust that shall be maintained in a sanitary manner and kept in good repair.

487 LSC/RN	II	III	IV	HOT WATER SUPPLY	487

T148

442.326(b) The ICF provides adequate hot water for residents at all times. (See #432)

150.016(A)(4) Domestic hot water heating equipment shall have adequate capacity to supply patient areas, food preparation areas and laundry.

488	II	III	IV	WASTE DISPOSAL	488

150.016(C) Waste Disposal and Garbage Disposal. Suitable sanitary procedures and equipment shall be provided for the collection, storage and disposal of all wastes and garbage. All accumulated soiled dressings and other wastes, and all garbage not disposed of by mechanical means shall be stored, both indoors and out-of-doors, in sanitary, rodent-proof, leak-proof, fireproof, non-absorbent, watertight containers with tight-fitting covers.

Wastes and garbage shall be stored and disposed of at proper intervals in a manner to prevent fire hazard, contamination, transmission of disease, a nuisance, a breeding place for flies and insects, or feeding place for rodents.

Garbage and wastes shall be stored in areas separate from those used for the preparation, storage, and service of food.

Equipment for proper cleaning and disinfection of these containers each time they are emptied during all seasons shall be provided.

489 LSC	II	III	IV	HOOKS OR LOCKS	489
				150.017(B)(12)(a) Doors, Screens and Windows. No hooks or locks shall be installed on doors used by patients or residents.	
490	II	III	IV	DOORS, DRAUGHT FREE	490
				150.017(B)(12)(a) All outside doors and doorways shall be made draft free by the installation of weather stripping or caulking material.	
491	II	III	IV	OFFICE SPACE	491
				150.017(B)(11) Office Space. Appropriate space and equipment shall be provided for administrative activities and for the storage of medical records. Additional space and equipment shall be provided for staff and consultants as needed.	

INFECTION CONTROL

492	II	INFECTION CONTROL	492

F428	405.1135	INFECTION CONTROL. The skilled nursing facility establishes an infection control committee of representative professional staff with responsibility for overall infection control in the facility. All necessary housekeeping and maintenance services are provided to maintain a sanitary and comfortable environment and to help prevent the development and transmission of infection.

493	II	INFECTION CONTROL COMMITTEE	493

F429	405.1135(a)	STANDARD: INFECTION CONTROL COMMITTEE.

494	II	COMPOSITION	494

F430	405.1135(a)(1)	The infection control committee is composed of members of the medical and nursing staffs, administration, dietetic, pharmacy, housekeeping, maintenance, and other services.

495	II	POLICIES AND PROCEDURES	495

F431	405.1135(a)(2)	The committee establishes policies and procedures for investigating, controlling and preventing infections in the facility.

496	II	MONITORS PERFORMANCE	496
F432		405.1135(a)(3) Monitors staff performance to ensure that the policies and procedures are executed.	

497	II	ASEPTIC AND ISOLATION TECHNIQUES	497
F435		405.1135(b) STANDARD: ASEPTIC AND ISOLATION TECHNIQUES.	

498	II	WRITTEN PROCEDURES FOLLOWED	498
F436		405.1135(b)(1) Written effective procedures in aseptic and isolation techniques are followed by all personnel.	

499	II	REVIEWED AND REVISED ANNUALLY	499
F437		405.1135(b)(2) Procedures are reviewed and revised annually for effectiveness and improvement.	

506	II	III	IV	F440	405.1135(c)(2) 442.315(b)	MAINTAINED CLEAN SANITARY MANNER - GOOD REPAIR	506
500	II				150.016(E)(1)	All facilities shall provide sufficient housekeeping and maintenance personnel to maintain the interior of the facility in good repair and in a safe, clean, orderly, attractive and sanitary manner free from all accumulation of dirt, rubbish and objectionable odors.	500
F438					405.1135(c)	STANDARD: HOUSEKEEPING	
507	II	III	IV			JANITOR CLOSET	507
501	II				150.016(E)(3)	A separate janitor's closet and housekeeping equipment shall be provided for each floor. Janitor's and housekeeping closets shall be separate from and shall not open directly into utility rooms or toilets.	501
F439					405.1135(c)(1)	The facility employs sufficient housekeeping personnel.	
508	II	III	IV			STORAGE OF EQUIPMENT	508
502	II					NECESSARY EQUIPMENT	502
F440					405.1135(c)(2)	Provides all necessary housekeeping and maintenance equipment.	
503	II					FULL-TIME EMPLOYEE RESPONSIBLE	503
F441					405.1135(c)(3)	A full-time employee is designated responsible for the services and for supervision and training of personnel.	
509	II	III	IV	F440	405.1135(c)(2)	CLEANING SUPPLIES	509
504	II				150.016(E)(5)	NURSING PERSONNEL NOT ASSIGNED Housekeeping equipment and cleaning supplies shall include an adequate supply of wet and dry mops (improvised mops are not permitted), mop pails, brushes, brooms, at least one vacuum cleaner, cleaning cloths, and other cleaning supplies.	504
F442					405.1135(c)(4)	Nursing personnel are not assigned housekeeping duties.	
510	II	III	IV			SANITATION OF EQUIPMENT	510
505	II				150.016(E)(6)	OUTSIDE CONTRACT Housekeeping and maintenance equipment shall be kept clean, in good condition and maintained in a sanitary manner. Wet mops, dusters and cleaning cloths shall be laundered daily, dry mops twice a week.	505
F443					405.1135(c)(5)	If a facility has a contract with an outside resource for housekeeping services, the facility and/or outside resource meets the requirements of the standard.	

511	II	III	IV	DOORS AND WINDOWS SCREENED		511
				150.016(E)(12)	Windows and doors shall be properly screened during the insect breeding season, and harborages and entrances for insects shall be eliminated.	
512	II	III	IV	WINDOWS WASHED		512
				150.016(E)(13)	All windows, including combination windows, shall be washed inside and outside at least twice a year.	
513	II	III	IV	EXTRANEOUS MATERIAL		513
				150.016(E)(9)	Storage areas, attics and cellars shall be kept safe and free from accumulations of extraneous materials such as refuse, furniture and old newspapers or other paper goods. Combustibles such as cleaning rags and compounds shall be kept in closed metal containers including those used in patient or residents' activities.	
514	II			LINEN		514
F444		405.1135(d)		STANDARD: LINEN.		

515	II	III	IV	ADEQUATE SUPPLY	515

F445 405.1135(d)(1) The facility has available at all times a quantity of linen essential for proper care and comfort of patients.

T150
T151 442.327. LINEN SUPPLIES. The ICF has enough linen at all times for the proper care and comfort of the residents and have clean linen on each bed.

150.015(G)(4)(d) An adequate supply of clean, ironed or drip dry bed linen, bed rubbers, blankets, bedspreads, washcloths, and towels of good quality and in good condition. This shall mean a supply of linen equal to at least three times the usual occupancy. In facilities that provide Level I or II care, towels and washcloths shall be changed and laundered every day; in facilities that provide Level III and IV care, at least every week and more frequently, if indicated. Bed linen shall be laundered at least weekly and more frequently, if needed.

516	II	III	IV	PROPER HANDLING	516

F446 405.1135(d)(2) Linens are handled, stored, processed, and transported in such a manner as to prevent the spread of infections.

150.016(D)(1) All facilities shall provide appropriate procedures, staff, and equipment to assure sufficient clean linen supplies (105 CMR 150.015(F)(4)(d) and the proper sanitary washing and handling of linen.

517	II	III	IV	F446	405.1135(d)(2)	HANDLING OF SOILED LINEN 517

150.016(D)(2) Handling of Soiled Linen. Soiled linen shall be placed in washable or disposable containers, transported in a sanitary manner and stored in separate, well-ventilated areas in a manner to prevent contamination and odors. Soiled linen shall not be permitted to accumulate excessively in any area of the facility. Soiled linen shall be handled and stored in such a manner as to prevent contamination of clean linen. Equipment or areas used to transport or store soiled linen shall not be used for the handling or storing of clean linen. Soiled linen shall not be sorted, laundered, rinsed or stored in bathrooms, patient's or resident's rooms, kitchens or food storage areas. Personal laundry of patients, residents or staff shall also be collected, transported, sorted, washed and dried in a sanitary manner, separate from bed linens.

518	II	III	IV	F446	405.1135(d)(2)	HANDWASH FACILITIES 518

150.016(D)(2)(e) Handwashing facilities with hot and cold running water, soap dispenser and paper towels shall be available in the laundry area where soiled linen is handled or sorted.

519	II	III	IV	F446	405.1135(d)(2)	HANDLING OF CLEAN LINEN 519

150.016(D)(3) Handling of Clean Linen. Clean linen shall be sorted, dried, ironed and folded in a specified area separate from soiled linen and in a sanitary manner. Clean linen shall be transported, stored, and distributed in a sanitary manner. Clean linen and clothing shall be stored in clean, dry, dust-free closets on each floor that are easily accessible to the nurses' station and such closets shall not be used for any other purpose. When feasible, arrangements shall be made so that patients and residents who wish to do so have a safe and convenient place to wash out and dry a small amount of personal laundry.

520	II	III	IV	SEPARATE AREA - LAUNDRY	520

150.017(B)(10)(a) Laundry Room. All facilities shall provide a laundry that is located in an area separate and apart from any area used for the storage, preparation or serving of food.

521	II	III	IV	PROPERLY EQUIPPED	521

150.017(B)(10)(d) A laundry room shall contain set tubs equipped with hot and cold running water, automatic washer, drier, ironing equipment, and shelving for the storage of soaps, bleaches and other laundry supplies.

522	II	III	IV	PEST CONTROL	522

F447 405.1135(e) STANDARD: PEST CONTROL. The facility is maintained free from insects and rodents through operation of a pest control program.

150.016(E)(11) A pest control program shall be provided by maintenance personnel of the facility or by contract with a pest control company. Insecticides and rodenticides shall be stored in non-patient and non-food service and storage areas.

DISASTER PREPAREDNESS

523 LSC/RN	III			EMERGENCIES	523
T86			442.313	EMERGENCIES.	The ICF has a written plan for staff and residents to follow in case of emergencies such as fire or explosion.
524 LSC	II	III	IV	WRITTEN PLAN - PROCEDURES POSTED	524
				150.015(E)(1)	Every facility shall have a written plan and procedures to be followed in case of fire, or other emergency, developed with the assistance of local and state fire and safety experts, and posted at all nurses' and attendants' stations and in conspicuous locations throughout the facility.
525 LSC	II	III	IV	SPECIFICATIONS OF PLAN	525
				150.015(E)(2)	The plan shall specify persons to be notified, locations of alarm signals and fire extinguishers, evacuation routes, procedures for evacuating helpless patients, and assignment of specific tasks and responsibilities to the personnel of each shift
526 LSC/RN	II	III	IV	STAFF TRAINED	526
T87				442.313(a)	The ICF rehearses the plan regularly.
				150.015(E)(3)	All personnel shall be trained to perform assigned task.

527 LSC	II	III	IV	FIRE DRILLS	527
				150.015(E)(4) Simulated drills testing the effectiveness of the plan shall be conducted for all shifts at least twice a year.	
528 LSC	II	III	IV	FIRE PROTECTION	528
				150.015(D)(1) Fire Protection. All fires shall be reported to the Department as specified in 105 CMR 150.002(G)(3)	
529	II	III	IV	QUARTERLY FIRE APPROVAL	529
				150.015(D)(2) All facilities shall have an approved quarterly fire report in accordance with the G.L., c. 1, s. 4.	
530 LSC	II	III	IV	FIRE INSTRUCTION	530
				150.015(D)(3) At least once a year, employees of the home shall be instructed by the head of the local fire department or his representative on their duties in case of fire and this noted in the facility's record.	
531 LSC	II	III	IV	FIRE EXTINGUISHERS RECHARGED	531
				150.015(D)(4) Fire extinguishers shall be recharged and so labeled at least once a year.	
532 LSC	II	III	IV	EXIT SIGNS	532
				150.015(D)(7) All exits shall be clearly identified by exit signs, adequately lighted and free from obstruction.	

UTILIZATION REVIEW

533	II	PSRO ASSUMES RESPONSIBILITY	533

F460 Utilization Review is being performed by a PSRO which has assumed full responsibility for review. (If yes, survey only the discharge planning requirement.)

534	II	UTILIZATION REVIEW WAIVER	534

F461 The SNF is covered by a Title XIX waiver for Utilization Review. (NOTE: If the answer is yes, do not survey this condition for Title XIX patients).

535	II	UTILIZATION REVIEW	535

F462 405.1137 UTILIZATION REVIEW. The skilled nursing facility carries out utilization review of the services provided in the facility to inpatients who are entitled to benefits under the program(s). Utilization review assures the maintenance of high quality patient care and appropriate and efficient utilization of facility services. There are two elements to utilization review; medical care evaluation studies and review of extended duration cases.

536	II	WRITTEN PLAN TO INCLUDE	536

F463 405.1137(a) STANDARD: WRITTEN PLAN OF UTILIZATION REVIEW ACTIVITY. The skilled nursing facility has a currently applicable written description of its utilization review plan.

537	II	COMPOSITION OF COMMITTEE	537

F464 405.1137(a)(1) The organization and composition of the committee or group which will be responsible for the utilization review function.

538	II	FREQUENCY OF MEETINGS	538

F465 405.1137(a)(2) Frequency of meetings.

539	II	TYPE OF RECORDS	539

F466 405.1137(a)(3) Type of records to be kept.

540	II		CRITERIA/METHODS FOR EXTENDED STAY	540
F467		405.1137(a)(4)	Methods and criteria (including norms where available) to be used to define periods ofcontinuous extended duration and to assign or select subsequent dates for continued stay review.	
541	II		SELECTION AND CONDUCT OF MEDICAL CARE EVALUATION STUDIES	541
F468		405.1137(a)(5)	Methods for selection and conduct of medical care evaluation studies.	
542	II		RELATIONSHIP OF UR PLAN TO THIRD PARTY	542
F469		405.1137(a)(6)	The relationship of the utilization review plan to claims administration by a third party.	
543	II		COMMITTEE REPORTS AND DISSEMINATION	543
F470		405.1137(a)(7)	Arrangements for committee reports and their dissemination.	
544	II		RESPONSIBILITIES OF ADMINISTRATIVE STAFF	544
F471		405.1137(a)(8)	Responsibilities of the skilled nursing facility's administrative staff.	
545	II		BOTH 18/19 PATIENTS COVERED	545
F472		405.1137(a)(9)	For an XVIII-XIX SNF, does the UR plan cover both Medicare and Medicaid patients?	

546	II	COMPOSITION/ORGANIZATION OF COMMITTEE	546

F473 405.1137(b) STANDARD: COMPOSITION AND ORGANIZATION OF UTILIZATION REVIEW COMMITTEE.

547	II	TWO M.D.'s AND OTHER PROFESSIONAL PERSONNEL	547

F474 405.1137(b)(1) A staff committee of the skilled nursing facility which is composed of two or more physicians, with participation of other professional personnel.

548	II	SIMILAR OUTSIDE GROUP	548

F475 405.1137(b)(1)(i) A group outside the facility which is similarly composed and which is established by the local medical or osteopathic society and some or all of the hospitals and skilled nursing facilities in the locality.

549	II	GROUP APPROVED BY THE SECRETARY	549

F476 405.1137(b)(1)(2) A group established and organized in a manner approved by the Secretary that is capable of performing such function.

550	II	SAME GROUP/TWO OR MORE GROUPS DO MEDICAL CARE EVALUATION	550

F477 405.1137(b)(2) The medical care evaluation studies, educational duties of the review program, and the review of admissions and long-stay cases are performed by: The same committee or group; two or more committees or groups.

551	II	REVIEW MEMBERS NOT EMPLOYEES	551
F478		405.1137(b)(3) Are the persons on the review committee or group employed by the facility?	
552	II	NO FINANCIAL INTEREST BY MEMBERS	552
F479		405.1137(b)(3)(1) Financially interested in the facility?	
553	II	MEMBERS NOT PROFESSIONALLY INVOLVED IN PATIENT CARE	553
F480		405.1137(b)(3)(2) Professionally involved in the care of the patient whose case is being reviewed?	
554	II	MEDICAL CARE EVALUATION STUDIES SHOULD INCLUDE	554
F481		405.1137(c). STANDARD: MEDICAL CARE EVALUATION STUDIES.	
555	II	PURPOSE	555
F482		405.1137(c)(1) Medical care evaluation studies are performed to promote the most effective and efficient use of available health facilities and services consistent with patient needs and professionally recognized standards of health care.	

556	II		IDENTIFICATION AND PATTERN ANALYSIS	556
F483		405.1137(c)(2)	Studies emphasize identification and analysis of patterns of patient care and suggest, where appropriate, possible changes for maintaining consistently high quality patient care and effective and efficient use of services.	
557	II		BASIS FOR RECOMMENDATION	557
F484		405.1137(c)(3)	Each medical care evaluation study identifies and analyzes factors related to the patient care rendered in the facility and where indicated, results in recommendations for change beneficial to patients, staff, the facility, and the community.	
558	II		STUDIES ARE RELEVANT TO FACILITY	558
F485		405.1137(c)(4)	Studies, on a sample or other basis, include but need not be limited to, admissions, durations of stay, ancillary services furnished, and professional services performed on premises.	
559	II		AT LEAST ONE STUDY IN PROGRESS	559
F486		405.1137(c)(5)	At least one study is in progress at any given time.	
560	II		AT LEAST ONE STUDY COMPLETED DURING YEAR	560
F487		405.1137(c)(6)	At least one study was completed during the last year.	

561	II	RESULTS DOCUMENT HOW QUALITY OF CARE IMPROVED	561
F489	405.1137(c)(7)	Does the committee or group document the results of each medical care evaluation study and how such results have been used to improve the quality of care and promote more effective and efficient use of facilities and services?	
562	II	REVIEW OF EXTENDED STAY	562
F490	405.1137(d)	STANDARD: EXTENDED STAY REVIEW.	
563	II	PERIODIC REVIEW	563
F491	405.1137(d)(1)	Periodic review is made of each current inpatient skilled nursing facility beneficiary case of continuous extended duration, and the length of which is defined in the utilization review plan to determine whether further inpatient stay is necessary.	
564	II	NUMBER OF DAYS	564
F492	405.1137(d)(1)(1)	The plan may specify a different number of days for different diagnostic classes or days for all cases. In any event, the period(s) specified bears a reasonable relationship to current average length of stay statistics and does not exceed 30 days after admission.	

565	II		EXCEPTION TO 30-DAY LIMIT	565
F493		405.1137(d)(1)(2)	An exception to this 30-day limit may be made where the extended stay review date is based on: The average or some other appropriate point by current length of stay data for diagnostic classes of cases selected by the committee or group in accordance with guidelines established by the Secretary, when the average (or other length of stay review point) for the individual's specific diagnostic class or category, based on functional capability, exceeds 30 days; or the review date is assigned using median (50% percentable); Other,	
566	II		ADVANCE APPROVAL OF PAYMENT	566
F494		405.1137(d)(1)(3)	An exception to this 30-day limit may be made where the extended stay review date is based on a period established pursuant to Section 1814(h(1) of the Act, which exceeds 30 days.	
567	II		REVIEW PRIOR TO OR AT END OF PERIODIC REVIEW	567
F495		405.1137(d)(2)	The initial extended stay review takes place prior to or at the end of the period of extended duration specified pursuant to paragraph (d)(1) of this section.	
568	II		REVIEW BASED ON M.D. REASONS AND/OR DOCUMENTATION	568
F496		405.1137(d)(3)	The review is based on the attending physician's reasons for and plan for continued stay and any other documentation the committee or group deems appropriate.	
569	II		NON-PHYSICIAN REPRESENTATIVE SCREENS CASES	569
F497		405.1137(d)(4)	Cases are screened by a qualified non-physician representative of the committee.	

570	II	GROUP SCREENS	570

F498	405.1137(d)(4)(1)	Cases are screened by the group.

571	II	FURTHER STAY NOT MEDICALLY NECESSARY	571

F499	405.1137(e)	STANDARD: FURTHER STAY NOT MEDICALLY NECESSARY.

572	II	FINAL DECISION--2 M.D. MEMBERS OR 1 M.D. AND ATTENDING M.D. O.K.	572

F500	405.1137(e)(1)	A final determination of the committee or group that continued stay is not medically necessary is made by at least two physician members of the committee or group, except that the final determination may be made by one physician member where the attending physician, when given an opportunity to express his views, does not do so, or does not contest the finding that the continued stay is not medically necessary.

573	II	ATTENDING M.D. NOTIFIED OF ADVERSE DECISION	573

F501	405.1137(e)(2)	If the committee or group, or its non-physician representative where a physician member concurs, has reason to believe from the review of an extended duration case or a case reviewed as part of a medical care evaluation study that further stay is no longer medically necessary, the committee or group shall notify the individual's attending physician and afford him an opportunity to present his views before it makes a final determination.

574	II		NOTIFY FACILITY, ATTENDING M.D. AND INDIVIDUAL WITHIN 2-3 DAYS	574
F502		405.1137(e)(2)(1)	If the final determination of the committee or group is that further stay is no longer medically necessary, written notification of the finding is given to the facility, the attending physician, and the individual (or where appropriate, his next of kin) no later than two days after such final determination is made and, in no event in the case of an extended duration case, later than 3 working days after the end of the extended duration period specified pursuant to paragraph (d) of this section.	
575	II		CRITERIA ESTABLISHED BY M.D. MEMBERS	575
F503		405.1137(e)(2)(2)	The reviewer use criteria established by the physician members of the committee.	
576	II		FURTHER REVIEW BY M.D. MEMBERS	576
F504		405.1137(e)(2)(3)	In instances when non-physician members are utilized, those cases are referred to a physician member for further review when it appears that the patient no longer requires further inpatient care.	
577	II		NON-M.D. MEMBERS EXPERIENCED/TRAINED IN SCREENING	577
F505		405.1137(e)(2)(4)	Non-physician representatives used to screen extended stay review cases, have experience in such screening or appropriate training in the application of the screening criteria used, or both.	

578	II		CONTINUED STAY APPROVED - REVIEWS ARE TIMELY	578
F506		405.1137(e)(3)	Where a finding is made that the individual continues to need inpatient skilled nursing care, an additional stay is approved for a period the committee or group deems appropriate provided that reviews are made at least every 30 days for the first 90 days and at least every 90 days thereafter. (NOTE: Does not apply if diagnostic classes or functional categories exceeding 30 days are used.)	
579	II		ALL FURTHER CONTINUED STAY REVIEWS ARE TIMELY	579
F507		405.1137(e)(4)	Before the expiration of each new period, the case must be reviewed again in like manner with such reviews being repeated as long as the stay continues beyond the scheduled review dates and notice has not been given pursuant to paragraph (e) of this section.	
580	II		ADMINISTRATIVE RESPONSIBILITIES	580
F508		405.1137(f) STANDARD: ADMINISTRATIVE RESPONSIBILITIES.		
581	II		ADMINISTRATIVE STAFF INFORMED OF U.R. ACTIVITIES	581
F509		405.1137(f)(1)	The administrative staff of the facility is kept directly and fully informed of committee activities to facilitate support and assistance.	
582	II		ADMINISTRATOR ACTS UPON U.R. RECOMMENDATIONS	582
F510		405.1137(f)(2)	The administrator studies and acts upon recommendations made by the committee, coordinating such functions with appropriate staff members.	

583	II	UTILIZATION REVIEW RECORDS	583
F511		405.1137(g) STANDARD: UTILIZATION REVIEW RECORDS.	
584	II	WRITTEN RECORDS OF COMMITTEE ACTIVITIES	584
F512		405.1137(g)(1)Written records of committee activities are maintained.	
585	II	APPROPRIATE REPORTS FROM COMMITTEE GIVEN TO STAFF	585
F513		405.1137(g)(2) Appropriate reports, signed by the committee chairman, are made regularly to the medical staff, administrative staff, governing body, and sponsors (if any).	
586	II	MINUTES INCLUDE COMMITTEE NAME	586
F514		405.1137(g)(2)(1) Minutes of each committee meeting are maintained and include at least: name of committee.	
587	II	MINUTES INCLUDE DATE AND DURATION OF MEETING	587
F515		405.1137(g)(2)(2) Date and duration of meeting.	

588	II		MINUTES INCLUDE MEMBERS PRESENT/ABSENT	588
F516		405.1137(g)(2)(3)	Names of committee members present and absent.	
589	II		MINUTES INCLUDE REPORT OF MEDICAL CARE EVALUATION STUDIES PRESENT/PAST	589
F517		405.1137(g)(2)(4)	Description of activities presently in progress to satisfy the requirements for medical care evaluation studies, including the subject, reason for study, dates of commencement and expected completion, summary of studies completed since the last meeting, conclusions, and follow-up on implementation of recommendations made from previous studies.	
590	II		MINUTES INCLUDE SUMMARY OF EXTENDED DURATION CASES	590
F518		405.1137(g)(2)(5)	Summary of extended duration cases reviewed including the number of cases, case identification number, admission and review dates, and decisions reached, including the basis for each determination and action taken for each case not approved for extended care.	

DISCHARGE PLANNING

591	II		DISCHARGE PLANNING	591
F527		405.1137(h)	STANDARD: DISCHARGE PLANNING. The facility maintains a centralized, coordinated program to ensure that each patient has a planned program of continuing care which meets his post discharge needs.	
592	II		ORGANIZED DISCHARGE PLANNING PROGRAM	592
F528		405.1137(h)(1)	The facility has in operation an organized discharge planning program.	
593	II		DISCHARGE PLANNING RESULTS AVAILABLE TO COMMITTEE	593
F529		405.1137(h)(1)(1)	The utilization review committee, in its evaluation of the current status of each extended duration case, has available to it the results of such discharge planning and information on alternative available community resources to which the patient may be referred.	
594	II		ADMINISTRATOR'S WRITTEN DELEGATION TO RESPONSIBLE STAFF	594
F530		405.1137(h)(2)	The administrator delegates responsibility for discharge planning, in writing, to one or more members of the facility's staff, with consultation, if necessary, or arranges for this service to be provided by a health, social, or welfare agency.	
595	II		WRITTEN PROCEDURES: COORDINATOR'S RESPONSIBILITY	595
F531		405.1137(h)(3)(1)	The facility maintains written discharge planning procedures which describe how the discharge coordinator will function, and his authority and relationships with the facility's staff.	

596	II		TIME PERIOD FOR PATIENT DISCHARGE PLANNING	596
F532		405.1137(h)(3)(2)	The time period in which each patient's need for discharge planning is determined (preferably within 7 days after the day of admission).	
597	II		MAXIMUM TIME FOR PATIENT DISCHARGE PLAN REEVALUATION	597
F533		405.1137(h)(3)(3)	The maximum time period after which reevaluation of each patient's discharge plan is made.	
598	II		LOCAL RESOURCES AVAILABLE FOR DISCHARGE PLAN IMPLEMENTATION	598
F534		405.1137(h)(3)(4)	Local resources available to the facility, the patient, and the attending physician to assist in developing and implementing individual discharge plans.	
599	II		PERIODIC REVIEW OF DISCHARGE PLANNING PROGRAM	599
F535		405.1137(h)(3)(5)	Provisions for periodic review and reevaluation of the facility's discharge planning program.	
600	II		SUMMARY OF DISCHARGE INFORMATION FOR CONTINUITY OF CARE	600
F536		405.1137(h)(4)	At the time of discharge, the facility provides those responsible for the patient's post-discharge care with an appropriate summary of information about the discharged patient to ensure the optimal continuity of care.	

601	II		SUMMARY INCLUDES: CURRENT DIAGNOSES INFORMATION	601
F537		405.1137(h)(4)(1)	The discharge summary includes at least the following: Current information relative to diagnoses.	
602	II		REHABILITATION POTENTIAL	602
F538		405.1137(h)(4)(2)	The discharge summary includes at least the following: Rehabilitation potential.	
603	II		SUMMARY OF PRIOR TREATMENT	603
F539		405.1137(h)(4)(3)	The discharge summary includes at least the following: A summary of the course of prior treatment.	
604	II		M.D. ORDERS FOR IMMEDIATE CARE OF PATIENT	604
F540		405.1137(h)(4)(4)	The discharge summary includes at least the following: Physician orders for the immediate care of the patient.	
605	II		PERTINENT SOCIAL INFORMATION	605
F541		405.1137(h)(4)(5)	The discharge summary includes at least the following: Pertinent social information.	

LICENSING PROCEDURES

606	II	III	IV	APPLICATION - APPROVED FORM	606

153.006(A) Applications for licensure shall be made on forms prescribed by, and available from, the Department. The term "application" as used herein shall include initial and renewal applications. Every application shall be notarized and signed under the pain and penalty of perjury either by each applicant as defined in 153.004(A), or by an applicant(s) who certifies that all other applicants have received copies of the application.

607	II	III	IV	DEPARTMENT OF PUBLIC SAFETY CERTIFICATE	607

153.007(A)(1) As a prerequisite for a license, all long term care facilities must obtain: A certificate of inspection of the egresses, the means of preventing the spread of fire, and the apparatus for extinguishing fire, issued by the Department of Public Safety.

608	II	III	IV	FIRE APPROVAL	608

153.007(A)(2) A certificate of inspection, issued by the head of the local fire department, certifying compliance with local ordinances.

609	II	III	IV	CLASS CONSTRUCTION - NEWLY CONSTRUCTED	609

153.007(B) In addition, all newly constructed long term care facilities must obtain a class of construction certificate issued by the Department of Public Safety as a prerequisite for a license.

610	II	III	IV	FEES	610

153.009(A)(3) The Department shall not accept an application for an original or renewal licensure unless the applicant has paid all required fees.

611	II	III	IV	QUOTA	611

153.027(A) Licensed bed capacity (quota) shall be determined by the Department and shall be the number of beds which the licensee is authorized to operate pursuant to a license issued by the Department. As used herein, licensed bed capacity (quota) is not a form of a license within the meaning of G.L., c.30, s.13.

612	II	II	IV	BOARD POSTING NOTICES	612

153.028 Every facility shall maintain a board suitable for posting notices and other written materials in an area of the premises accessible to residents, employees, and visitors. Such notices and materials as may be required by the Commissioner or his/her designee shall be conspicuously posted thereon and include, but are not limited to the following:

613	II	III	IV	FRAMED DEPARTMENT OF PUBLIC HEALTH LICENSE	613

153.028(1) A framed, current license or if the facility is operated under an application, the most recent license and a copy of such application.

614	II	III	IV	FRAMED DEPARTMENT OF PUBLIC SAFETY CERTIFICATE	614
				153.028(2) The most recent Department of Public Safety Certification of Inspection framed.	
615	II	III	IV	OTHER NOTICES	615
				153.028(3) Any orders to show cause, notices, orders, decision or other documents issued by agents of the Department that pertain to the facility.	
616	II	III	IV	RESTRICTIONS	616
				153.029 No facility in which part of the premises is utilized for tenant occupancy or for business shall be approved for licensure except as provided in 105 CMR 150.012(I). Office space for physicians, dentists, podiatrists, physiotherapists or paramedical persons is not permitted in any facility. Facilities shall not provide laboratory services and shall not store or use X-Ray equipment. Nursing services or medical treatment will not be administered to persons other than clients without the written approval of the Commissioner or his/her designee.	
617	II	III	IV	SECURE STORAGE SPACE	617
				150.015(G)(4)(i) All facilities shall provide for each patient or resident a permanently located, readily accessible, storage space equipped with a lock and key, that is large enough to accommodate small personal possessions such as letters, jewelry, pictures or small amounts of money. Storage space shall be located within each patient's or resident's room. A key to secure personal storage space shall be in the possession of each patient or resident, and the facility administrator or his designee shall hold a master key to any such locked space.	